Town of Williamstown

Scholarship Application

Open to any RESIDENT living in the Town for 2 FULL years or more (see "Who is eligible?" in the Scholarship Description sheet)

Due February 15th to School Counselor or February 28th to Williamstown More information can be found at williamstown-wi.com

Student Name in	full				
Last		First	M	Middle	
Address	Street	City	State	Zip	
Date of Birth		What year were you a sophomore?			
Home Phone		Cell Phone			
Email address					
Student Signature	2				
Parent Signature					
Print name of par	ent signing				
☐ This comp☐ Three refe☐ High Scho☐ HANDW☐ presented☐ Proof of r	to you because you esidency: First sem	wering the question: What po 're a Town of Williamstown hester Sophomore report card te Tax Bill/Assessment from	resident addressed to Parei	nts	

You or your Counselor should mail the packet to: Town of Williamstown, Clerk, W3275 Hwy TW, Mayville, WI 53050

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Student name		
Name of college(s) or Technical college(s)	you've applied to	
What is your intended major or title of pro	gram:	
High School name		
Current GPA		
Honors/Achievements		
Clubs		
Courses you'd like us to know abou	ut	
Community Service/Extra-curricular Ac		
When		
What		
Honors/Achievements		
Work Experience Where		
When	Hours worked	
What		

Other skills, facts you'd like us to know about. If you've attended multiple high schools, have multiple service or activity entries and/or had multiple jobs, feel free to duplicate this page or add another page with your name at the top.