



HAMILTON EDUCATION FOUNDATION

MARJORIE WREZIC SCHOLARSHIP

SCHOLARSHIP APPLICATION INSTRUCTIONS/CHECKLIST

Congratulations on your selection as a HEF Marjorie Wrezic Scholarship applicant. This honor ranks you among the highest achieving 12th grade/seniors from Hamilton High School participating in the program. This scholarship is based on academic performance and financial criteria. HEF recognizes those students who want to attend college and have financial need. (Gross annual household income of \$85,000 or less) If awarded, this scholarship award may be applied to tuition and course-related expenses (excludes housing/room and board) and may be renewed with reapplication for a 2nd consecutive year. It is very important that this packet of materials be completed as thoroughly and as quickly as possible in order to meet the deadlines set by the scholarship committee.

Eligibility

The HEF Marjorie Wrezic Scholarship is open to:

- High School seniors enrolled in Hamilton High School who:
 - Plan to pursue a degree at an accredited post-secondary institution (2- or 4-year program).
 - Plan to enroll in post-secondary education as a full time student.
 - Have demonstrated financial need (Gross annual household income of \$85,000 or less).
 - Have a minimum 3.50 GPA on a 4.0 scale.
 - Have contributed to their community as demonstrated by their involvement in extra-curricular activities, work, religious or volunteer activities.
 - U.S. citizen.
 - Or are previous recipients who successfully completed year 1 (maintained 3.0 on 4.0 scale on their freshman year transcript) at an accredited post-secondary school.

Note: Wrezic family members and children of Hamilton Education Foundation trustees are not eligible for the HEF Marjorie Wrezic Scholarship.

IMPORTANT DATES

April 10, 2018 Deadline for application to be returned to Hamilton High School Guidance Department.

April 26/27, 2018 Interviews will be held for semi-finalist applicants (if required)

May 1, 2018 Recipients notified

May 23, 2018 Scholarship Awards Ceremony

Reminder – Please be concise, yet thorough, when answering all questions in your application. Print size cannot be smaller than 11 point (the size used in this document).

This package includes the following materials:

- Instruction/Checklist
- Application – Section 1
- Waiver – Section 2
- Essay – Section 3
- Secondary School Report – Section 4
- Two Recommendation Form Letters – Sections 5 and 6
- Financial Information – Section 7

SELECTION CRITERIA

Selection of HEF Marjorie Wrezic Scholarship winners is based on a number of factors, with special emphasis on each individual's academic performance, character, personal merit and background. Merit is demonstrated in a variety of ways: leadership in school, civic, and other extracurricular activities, academic achievement and motivation to serve and succeed in all endeavors.

The Deadline for Application Submission is: April 10, 2018

HEF Marjorie Wrezic Scholarship finalists will be notified in May. The winner will attend the Hamilton School District Scholarship Ceremony in May. (Checks will be dispersed directly to the post-secondary institution in two disbursements (One first semester and one second semester).

SUBMISSION CHECKLIST

- ☐ Complete all required sections entirely and accurately.
- ☐ Make sure that the application has been signed where indicated by you, your parent/guardian and school official.
- ☐ Use the enclosed Personal Recommendation Forms to obtain two letters of recommendation from individuals knowledgeable enough about you, both academically and personally, to provide insight into your personal characteristics, abilities, achievements, motivation, and potential. **One of the evaluations must be from a teacher, school counselor, or other school official.** The second **must be from someone with whom you have worked on a community, church, or volunteer service activity, or an employer.** Make sure to read the Personal Recommendation Sections carefully to help you understand the type of information required. When you make the request of your evaluators, be sure they feel comfortable about completing the form.
- ☐ Complete the Biographical Questionnaire. Please make certain that you read and sign the Verification.
- ☐ Upon request, Copy of the most recent, completed, and filed Federal tax form(s) (Form 1040 – pages 1&2; Form 1040A – pages 1 & 2; Form 1040EZ – page 1) from the person who claims you on their income tax returns (custodial parent, legal guardian, or other). If parents own their own business, please submit a profit and loss statement; if tax information cannot be provided, please submit a financial statement. If tax information cannot be provided at all, please provide a written statement explaining the reason(s) that you cannot provide this. **This information will remain confidential and will be shredded.**
- ☐ Complete the Essay, limiting your response to no more than 750 words. Your essay should be typed or computer printed using black ink. Be sure to use a typeface no smaller than 11 point (this size).
- ☐ Obtain an official Transcript of Grades from the Guidance Department.

COMPLETED APPLICATION SHOULD BE RETURNED TO:

Hamilton High School
Guidance Department
W220 N6151 Town Line Road
Sussex, WI 53089



HAMILTON EDUCATION FOUNDATION

MARJORIE WREZIC SCHOLARSHIP

APPLICATION**A. YOU – THE APPLICANT**

Name (First/Middle Initial/Last)			
Street Address			
City/State/Zip Code			
Phone (Include Area Code)		Cell Phone	
Email Address			
Date of Birth		Gender	
Citizenship (Mark only one) <input type="checkbox"/> US Citizen <input type="checkbox"/> Other (Explain) _____			

B. YOUR FAMILY

<u>Guardian 1 Information</u>			
Name (First/Middle Initial/Last)			
Street Address			
City/State/Zip Code			
Phone (Include Area Code)		Cell Phone	
Occupation			
Highest Level of Education			
<u>Guardian 2 Information</u>			
Name (First/Middle Initial/Last)			
Street Address			
City/State/Zip Code			
Phone (Include Area Code)		Cell Phone	
Occupation			
Highest Level of Education			

C. EDUCATIONAL BACKGROUND AND ACTIVITIES

1. List the schools (other than your current high school) that you have attended in the last five years. Please list them in order of attendance, with most recent first.

School Name	City, State	Dates Attended

2. List an advanced or special courses, dual enrollment, or summer courses you have taken *that are not reflected in your school records*. Please list the most recent course or program first.

Course or Program	Name of School, City, State	Dates Attended	Hrs./Week

3. **Extra-Curricular Activities:** List the activities or organizations with which you have been involved and your position(s) for the past three years only. List information in order of year and do not duplicate information or submit additional materials as they will not be considered. (Include School/Classroom related clubs, Interscholastic Athletics, etc.)

Date From/To (i.e. 9/11-6/13)	Total Hours Participated to Date	Activity/Organization	Position Held (i.e. member, office, etc.)

4. **Community Service (Unpaid):** List the organization(s) where you have served and activities performed for the past three years only.

Date From/To (i.e. 9/11-6/13)	Total Hours Participated to Date	Organization Served	Activities Performed

5. **Work Experience (paid):** List your employer(s) and job responsibilities held for the past three years only.

Date From/To (i.e. 9/11-6/13)	Total Hours Participated to Date	Employer	Job Responsibilities

6. **Awards & Honors:** List awards and honors received for the past four years only.

Date	Award & Honors Received

7. **SAT I Score (If taken)**

Total Combined Score: Reading & Math	
---	--

8. **SAT II Subjects and Scores (If taken)**

Subject	Score

9. ACT Composite Score (if taken)

Composite Score:	
<u>Subject</u>	Individual Score
English	
Math	
Reading	
Science	

10. Advance Placement (AP) Courses and Scores (If taken)

<u>Courses</u>	Grade Taken	Exam Scores



Section 2

HAMILTON EDUCATION FOUNDATION

MARJORIE WREZIC SCHOLARSHIP

Waiver

Applicant Name (First/Middle Initial/Last)			
Street Address			
City/State/Zip Code			
Phone (Include Area Code)		Cell Phone	
Guardian Name (First/Middle Initial/Last)			
Street Address			
City/State/Zip Code			
Phone (Include Area Code)		Cell Phone	

IMPORTANT: Review this form and make certain you have responded accurately to all items.

I certify the information provided in this application is true, complete, and correct to the best of my knowledge and belief and are made in good faith. I have not knowingly withheld any facts or circumstances that could otherwise jeopardize consideration of this application.

Financial Information

I certify the financial information provided in my application is complete and accurate to the best of my knowledge. I also agree to provide my social security number for record keeping purposes if awarded the scholarship. I understand it will be kept confidential and only provided to the IRS and/or other federal Hamilton Education Foundation record compliance purposes. If requested, I agree to provide additional verification of the information provided.

Falsification of information may result in my ineligibility of any scholarship granted.

Agreement of Terms

I certify that I have carefully read the criteria and checklist and understand that if I do not submit the information required, if the application arrives late, if it is faxed or emailed, or if the materials are not submitted together, my application is considered incomplete and may not be considered.

Release of Information – must be signed

By signing this application, I hereby (a) formally authorize individuals/organizations named in this document to provide information of any kind whatsoever requested by the Hamilton Education Foundation, and forever release any of the entities or individuals seeking or providing any such information from any and all such claims or damages that I may or actually do sustain as a result of seeking or providing such information.

Press and Media Release

If selected to receive a scholarship, I authorize the Hamilton Education Foundation to use information in this application (name, school, etc.), scholarship awarded, future event photographs, etc., for press and media purposes.

Waiver

I hereby release the Hamilton Education Foundation from any responsibility for any accident, illness, or other casualty that might occur while I am attending the Hamilton School District Recognition Ceremony, should I be awarded the Marjorie Wrezic Scholarship.

Applicant Certification

Applicant Signature _____ Date _____

Print Name

Guardian Signature _____ Date _____

Print Name

(Parental/guardian signature REQUIRED if applicant is under age 18 or a dependent)



HAMILTON EDUCATION FOUNDATION

MARJORIE WREZIC SCHOLARSHIP

ESSAY

Name _____
School _____
City, State/Province _____

Your essay should demonstrate style, depth, and breadth of knowledge and individuality. Please limit your essay to no more than 750 words. The essay should be typed in black ink and should not utilize a print size smaller than 11 point (the size used in this document). (Attach additional page for essay completion if necessary.)

VERIFICATION: I verify that the following essay is my own work.

Signature _____ Date _____

TOPICS TO ADDRESS

- How will your course of study contribute to your future career plans and why have you chosen this path?
- Tell us about a time you failed and what you learned from the experience.
- Many people have influenced and mentored you throughout your young life. Describe the person who has impacted your life the most and how it has changed you.



HAMILTON EDUCATION FOUNDATION

MARJORIE WREZIC SCHOLARSHIP

SECONDARY SCHOOL REPORT

Student Name _____

First

Middle

Last

School _____

Address _____

FAMILY AUTHORIZATION

To comply with the provisions of the Family Educational Rights and Privacy Act of 1974, a school must obtain authorization prior to releasing student information to others.

Permission is hereby given to school officials to release the undersigned's high school information for consideration in the Hamilton Education Foundation Marjorie Wrezic Scholarship program.

Student's Signature _____ Date _____

Parent's or Legal

Guardian's Signature _____ Date _____

*****THE FOLLOWING SECTION TO BE COMPLETED BY A SCHOOL OFFICIAL *****

NOTE TO SCHOOL OFFICIAL: The above-named student is an applicant in the Hamilton Education Foundation Marjorie Wrezic Scholarship program.

STUDENT PROFILE

1. Student's class rank _____ (Rank)/_____ Class Size

2. Student's grade point average (GPA), based on _____ semesters

Weighted: _____ on a scale of _____ points. Unweighted: _____ on a scale of _____ points.

VERIFICATION OF STUDENT'S SCHOOL INFORMATION

I verify that the information pertaining to the school submitted by the applicant is true and correct. I verify the student is in good academic standing and on track to graduate.

Signature of School

Official _____

Printed Name of School

Official _____

Title of School official _____

Date _____

ATTACH CERTIFIED TRANSCRIPT OF GRADES HERE

Lack of transcript will render the student ineligible for the scholarship competition.



HAMILTON EDUCATION FOUNDATION

MARJORIE WREZIC SCHOLARSHIP

SCHOOL OFFICIAL RECOMMENDATION FORM

INSTRUCTIONS: This form must be completed by an individual of the student's choice who is a teacher, school counselor, or other school official.

Due date: _____

Recommendation must be typed and is limited to one page, one-sided.

The student named here is a candidate for a Hamilton Education Foundation Marjorie Wrezic Scholarship. The Hamilton Education Foundation will award scholarships to high school 12th grade students/seniors wishing to pursue a career in any business or professional field of study. Winners will be announced at _____ held in _____. Scholarships are disbursed directly to the student's account at the college/university he/she will be attending.

The Evaluation Committee would like your comments on this student's leadership qualities, communication skills, involvement in school and extracurricular activities, and dedication. Please do not make reference to the financial condition of the student or the student's family.

Your evaluation will become part of the student's confidential file intended for use by the Evaluation Committee. Please complete and return this form with your letter of recommendation attached to the student for inclusion with other materials to be mailed to the Hamilton Education Foundation Chair. The recommendation should be on school letterhead.

Student Name: (First, middle initial, last): _____

Recommending Person: _____ Title: _____

Address: _____

Phone: _____

Number of years/months acquainted with student _____ years _____ months

In what capacity? _____

Signature: _____

Please note that the recommendation must be returned to the student no later than: **March 26, 2018** so that the application can be submitted.

If this evaluation is not returned by the deadline, the student may not be considered for the scholarship competition.



HAMILTON EDUCATION FOUNDATION

MARJORIE WREZIC SCHOLARSHIP

PERSONAL RECOMMENDATION FORM

INSTRUCTIONS: This form must be completed by an individual of the student's choice who is an individual the student knows will through religious affiliation, family-friend, one with whom you have worked on a volunteer service activity, or an employer.

Due date: _____

Recommendation must be typed and is limited to one page, one-sided.

The student named here is a candidate for a Hamilton Education Foundation Marjorie Wrezic Scholarship. The Hamilton Education Foundation will award scholarships to high school 12th grade students/seniors wishing to pursue a career in any business or professional field of study. Winners will be announced at _____ held in _____. Scholarships are disbursed directly to the student's account at the college/university he/she will be attending.

The Evaluation Committee would like your comments on this student's leadership qualities, communication skills, involvement in school and extracurricular activities, and dedication. Please do not make reference to the financial condition of the student or the student's family.

Your evaluation will become part of the student's confidential file intended for use by the Evaluation Committee. Please complete and return this form with your letter of recommendation attached to the student for inclusion with other materials to be mailed to the Hamilton Education Foundation Chair. The recommendation should be on business letterhead if applicable.

Student Name: (First, middle initial, last): _____

Recommending Person: _____ Title: _____

Address: _____

Phone: _____

Number of years/months acquainted with student ____ years ____ months

In what capacity? _____

Signature: _____

Please note that the recommendation must be returned to the student no later than: **March 26, 2018** so that the application can be submitted.

If this evaluation is not returned by the deadline, the student may not be considered for the scholarship competition.



HAMILTON EDUCATION FOUNDATION

MARJORIE WREZIC SCHOLARSHIP

FINANCIAL INFORMATION

The Financial Information portion of the application is to be completed by a Parent/Guardian based on 2017 Federal tax information (or most recent tax return). A copy of the 2017 Federal tax information used to complete this section must be included with your application.

Is applicant a dependent on another return?		Yes		No
Total number of family members in household claimed on 2017 Federal taxes, if filed (Form 1040 and 1040A Line 6c; Form 1040EZ- either 1 if single or 2 if married)				
Number of family members in household				
Number of family members in household (including applicant) attending college full time in Fall 2017				
List relationship and which colleges they will attend.				

Parent/Guardian's Income, Federal Tax, Assets

Do you file 2017 Federal taxes?		Yes		No	List reason on next line.
Adjusted Gross Income (from 2017 Federal taxes: Form 1040 Line 37; For 1040A Line 21; Form 1040EZ Line 4)					\$
Other Income (Family, friends, etc.)					\$
Non-Taxable Income (Social Security, child support, AFDC, etc.)					\$
ADDITIONAL Federal tax paid in 2017 (from 2017 Federal taxes; Form 1040 Line 78; form 1040A Line 50; Form 1040EZ Line 14) <i>(If you received a refund, enter \$)</i>					\$
Medical/Dental Expenses not covered by insurance – Explain below					\$
Total Assets (cash, savings, checking, investment, 529 Plan, etc.)					\$
Total Real Estate Owned					
A. Market value(s)					\$
B. Current mortgage value(s)					\$
C. Net value(s) (A minus B)					\$

Applicant's Income, Federal Tax, Assets

Do you file 2017 Federal taxes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	List reason on next line.
Adjusted Gross Income (from 2017 Federal taxes: Form 1040 Line 37; For 1040A Line 21; Form 1040EZ Line 4)	\$		
Other Income (Family, friends, etc.)	\$		
Non-Taxable Income (Social Security, child support, AFDC, etc.)	\$		
ADDITIONAL Federal tax paid in 2017 (from 2017 Federal taxes; Form 1040 Line 78; form 1040A Line 50; Form 1040EZ Line 14) <i>(If you received a refund, enter \$)</i>	\$		
Medical/Dental Expenses not covered by insurance – Explain below	\$		
Total Assets (cash, savings, checking, investment, 529 Plan, etc.)	\$		
Total Real Estate Owned			
A. Market value(s)	\$		
B. Current mortgage value(s)	\$		
C. Net value(s) (A minus B)	\$		

Financial Hardships

List any financial hardships or unusual circumstances (including but not limited to medical or cost of other children currently attending college) in your household that you feel should be considered when determining your financial need.

--

Scholarships/Financial Aid for which you have applied for Academic Year 2018-2019

List below the name(s) and amount(s) of each scholarship, grant, or financial aid (including from state or Federal government) (excluding HEF scholarships) for which you have already applied or for which you are planning to apply for the 2018-19 academic year.

--

Scholarships/Financial Aid you will receive for Academic Year 2018-2019

List the name(s) and amount(s) of each scholarship, grant or financial aid you will receive for the 2018-2019 academic year.

--

Identify the post-secondary institution you have been accepted to attend fall 2018

(School must be accredited or licensed)

School:			
This is a:	<input type="checkbox"/> 2-Year College	<input type="checkbox"/> 4-Year University	
	<input type="checkbox"/> Trade/Vocation School	<input type="checkbox"/> Graduate School	
If you have not yet been accepted, list the post-secondary institution where you have applied:			
School:			
This is a:	<input type="checkbox"/> 2-Year College	<input type="checkbox"/> 4-Year University	
	<input type="checkbox"/> Trade/Vocation School	<input type="checkbox"/> Graduate School	

<u>Degree you will pursue:</u>		
Intended Major:		
Intended Career:		
Tuition Based on:	<input type="checkbox"/> In-State Costs	<input type="checkbox"/> Out-of-State Costs
Plan to live:	<input type="checkbox"/> On Campus	<input type="checkbox"/> Off Campus – With Parent/Guardian
	<input type="checkbox"/> Off-Campus – In Apartment	