

DALE E. WREDE
MEMORIAL SCHOLARSHIP

- MUST BE A HIGH SCHOOL GRADUATING SENIOR
- VERIFICATION OF FULL TIME ENROLLMENT IN COLLEGE BEFORE SCHOLARSHIP AWARDED

Legal Name:

First: _____ Middle: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _XXX-XX-_____

Please list any scholastic distinctions/honors you have been awarded since your freshman year

NAME	YEAR

Please list extracurricular activities, community and family activities.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

List your hobbies and/or special interests.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Personal Statement:

On a separate sheet of paper write an essay about what your life and career goals are. Include anything that has not been requested that you would like to share that will give the committee a real sense of who you are and why you believe you should be the recipient of this scholarship.

The post-secondary institution you plan on attending:

Student Signature: _____

Current GPA: _____ **Class Rank:** _____ **Class Size:** _____

Administrator/Counselor: _____

