

## **Adam Gundlach Memorial Scholarship**

### **PURPOSE**

In cooperation with the Education Foundation of Kenosha, the Adam Gundlach family is sponsoring a \$500.00, one-time, scholarship to provide assistance to a Kenosha Unified School District student who will be graduating this year.

### **ELIGIBILITY**

Interested students must have volunteer accomplishments and inspirational goals. Academically capable students must demonstrate a financial need, provide a transcript showing a 3.0 grade point average or better, provide evidence of college acceptance, and be a U.S. citizen. The scholarship may be used only at an accredited institution of higher education located in the United States of America.

### **FINANCIAL DATA**

The scholarship award amount is \$500. The award is to be used for tuition, fees, and college residential costs at an accredited college or university, and will be issued directly to the university.

### **APPLICATION PROCEDURE**

Applications may be obtained from Kenosha Unified high school guidance offices. Completed applications must be submitted by March 15<sup>th</sup>.

# Adam Gundlach Memorial Scholarship Application

Date of Application \_\_\_\_\_

Graduation Date \_\_\_\_\_

**I. PERSONAL INFORMATION:**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Number of Dependent Children in Family \_\_\_\_\_

Number of Dependent Children in College/Technical School \_\_\_\_\_

**II. EDUCATION INFORMATION:**

High School Attended \_\_\_\_\_

GPA \_\_\_\_\_ Class Rank \_\_\_\_\_

List below colleges to which you have applied. In the space at the right, indicate if you have been accepted.

Name of College

City

State

Accepted

---

---

---

Planned Major: \_\_\_\_\_

School Achievements/Activities (Attach information):

Volunteerism/Community Service (Attach information):

**III. FINANCIAL INFORMATION**

Explain how financial assistance will help you to continue your education:

---

---

---

**IV. REFERENCES:**

List three references

Name

Relationship

Phone

---

---

---

**V. OTHER INFORMATION:**

1. Attach a current copy of your high school transcript.
2. Attach a one-page essay (200 words or less) explaining your volunteer accomplishments and inspirational goals.
3. Return application by March 15 of each year to:

**Education Foundation of Kenosha  
Attention: Dr. Robert Wells  
3600 52<sup>nd</sup> Street  
Kenosha, WI 53144  
Phone: 359-6388  
Fax: 359-7712**