

## **Peter Ploskee, Sr. Memorial Scholarship**

### **PURPOSE**

In cooperation with the Education Foundation of Kenosha, the family of Peter Ploskee, Sr. is sponsoring a \$2,000 renewable scholarship to provide financial assistance to a Kenosha Unified School District student graduating this year who is interested in preparing for a career in architecture, engineering, construction trades, or a similar career area. The scholarship may be used only at an accredited institution of high education located in the United States of America.

### **ELIGIBILITY**

Interested students must be academically capable, be able to demonstrate financial need, provide evidence of college acceptance, and be a U.S. citizen.

### **FINANCIAL DATA**

The scholarship award amount is \$2,000. It may be renewed up to a maximum of four years. The award is to be used for tuition, fees, and college residential costs, and will be issued to the college or university at which the recipient is enrolled.

### **APPLICATION PROCEDURE**

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

## Peter Ploskee, Sr. 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 place 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 (200 words or less) explanation of your future plans and goals.
3. Return application by March 15<sup>th</sup> to:

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