

Second Year WCV Scholarship

PERSONAL INFORMATION

Name: _____

Address: _____

Phone Number: _____

Email: _____

College ID Number: _____

UNIVERSITY, COLLEGE, OR TRADE SCHOOL INFORMATION

Name of University, College, or Trade School enrolled at for Fall 2025:

Address: _____

Full-time

Part-time

Undergraduate major and/or minor: _____

Expected Date of Graduation: _____

Credits earned and GPA (**attach an unofficial transcript**)

SCHOLARSHIPS & AWARDS: (Please list any grants, scholarships or awards you are receiving or will continue to receive for your second year)

POST-SECONDARY ACTIVITIES & ACCOMPLISHMENTS: (Clubs/Organizations, Volunteer Opportunities, Employment, etc...)

SUMMARY:

How do you plan to use your education to positively impact community/society?

What else would you like us to know about yourself that is relevant to your scholarship application?