



SCHOLARSHIP AWARD PROGRAM

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P. O. Box 171, Elkhorn, Wisconsin 53121



SCHOLARSHIP AWARD PROGRAM

The Walworth County Deputy Sheriff's Association developed an annual scholarship award program to offer financial assistance to full-time students in any college program, either four year or two, in any field of study. Its purpose is to encourage educational growth for those in financial need.

The number of scholarships and dollar amounts will be determined annually. Winners will be selected on a competitive basis. Any high school senior, who is a Walworth County resident, and is enrolling in a four-year or two-year college program, is eligible.

The recipient must submit proof of his/her enrollment in the accredited college. Recipients must be enrolled for the fall semester of the current school year. There are no retroactive awards for semesters already completed. After the student has submitted proof of enrollment, a check will be given directly to the scholarship recipient.

The Walworth County Deputy Sheriff's Association has had a long history of serving the citizens of Walworth County. The Association has always enjoyed the support of the citizens, who have made the scholarship program possible. Through this award program we hope that we can help develop future leaders in our county. By our joint efforts, we can continue to make Walworth County the best place to live and raise our families.

SCHOLARSHIP RULES

1. Application must comply with the admission requirements for a full-time student in any accredited two year or four year college.
2. Applicant must fill out the Scholarship Application in its entirety.
3. Three (3) letters of recommendation from three separate sources must be included. These sources may include family, friend, school, clergy, employer, etc.
4. A two hundred (200) word essay on why you are choosing your chosen course of study must be included.
5. A high school transcript of grades must be enclosed.
6. A high school photo for use in local newspapers must be enclosed.
7. Scholarship applications must be **postmarked no later than April 15th** *(or next business day if April 15th is on a Sunday)* and **mailed** to:

Walworth County Deputy Sheriff's Association
Attn: Scholarship Committee
P.O. Box 171
Elkhorn, WI 53121

8. Failure to comply with instructions will result in ineligibility.

SCHOLARSHIP APPLICATION

(PLEASE TYPE OR PRINT)

Name:

(Last, First MI)

Social Security Number:

(xxx-xx-xxxx)

Permanent Address:

(Street, City, County & Zip Code)

Email:

Phone:

(xxx)xxx-xxxx

Date of Birth:

(mm/dd/yyyy)

Year of High School Graduation:

High School GPA:

What accredited college have you applied to:

(Name, Address; City/State)

Anticipated cost to attend college next year:

Name of parent(s)/Guardian(s) you reside with:

Name(s) and age of sibling(s):

Number of family members in college next year:

List Activities you have participated in (Sports, Band, National Honor Society, Etc.):

Honors or awards received:

Extra-curricular activities or community involvement:

Are you employed:

Name of employer:

Responsibilities:

Why did you choose the college you chose:

SCHOLARSHIP APPLICATION

HIGH SCHOOL FORM

This form is to be filled out by the high school principal or student’s counselor. When complete it may be returned to the applicant to submit or forwarded directly to the selection committee at:

Walworth County Deputy Sheriff’s Association

Attn: Scholarship Committee

P.O. Box 171

Elkhorn, WI 53121

1. Class ranking: _____ out of _____ seniors
2. GPA: _____
3. ACT or SAT score (use only one): ACT: _____ SAT: _____
4. School citizenship: indifferent good very good excellent
5. Success in extracurricular activities: poor good excellent
6. Based on your experience with past students who have gone on for advanced education, how would you rate this applicant?
poor below average good very good excellent
7. Please write a brief statement about this applicant’s qualities that make him/her worthy of this scholarship:

Signature: _____ Title: _____