

202□Scholarship Application
Clark County Community Scholarship Fund

This Application Form Must Be Used

If attaching additional pages, please answer each question separately and in the order shown on this application.

5. Please list **School related activities** and years that you participated in each [i.e. sports, music, organizations, plays, musicals, leadership roles, etc.].

	School Activity Involved In	Describe (Position / Role)	Years Participated			
			9th	10th	11th	12th
1.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Please list any **Community Service efforts and/or other non-school** related activities you have been involved in during your years in High School [i.e. 4 –H, church, Girl Scouts, Boy Scouts, clubs, sports, or other activities].

	Community Activity Involved In	Describe (Position / Role)	Years Participated			
			9th	10th	11th	12th
1.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Please list any **Employment History** and years or parts of years that you were employed.

	Employment History (if any)	Describe (Position / Role)	Years Employed			
			9th	10th	11th	12th
1.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2024 Scholarship Application
Clark County Community Scholarship Fund

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If attaching additional pages, please answer each question separately and in the order shown on this application.

- 8.** Describe how living in a **rural community** has impacted you, your education and your choice(s) for further education after graduation.

- 9.** Describe a **significant experience** or event that has had an impact on your values or opinions while living in Clark County, Wisconsin.

2024 Scholarship Application
Clark County Community Scholarship Fund

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If attaching additional pages, please answer each question separately and in the order shown on this application.

10. Please include any factors which might limit your ability to attend a university, college, or technical college or would influence your financial capabilities to do so (i.e. circumstances such as illness, recent changes in financial support, other siblings in college, major financial liabilities, etc.).

11. Include **TWO (2)** letters of reference as follows:

- a. One reference from **an educator from your school district**; and
- b. A second reference from **a non-family, non-school affiliated adult community member** who knows you personally.

12. Final Checklist to Complete this Application:

- Have you answered all questions and provided the information requested?
- Do you have all of the required signatures?
- Have you included the two (2) letters of reference?
- Have you included a copy of your transcripts?

ATTENTION: Incomplete or Late Scholarship Applications will NOT be considered.

I hereby agree to all the above criteria and I certify that all information for this scholarship application is true to the best of my knowledge. I understand that all decisions of the Clark County Community Foundation, Inc. are final and not subject to review or appeal. I further understand that any information provided in or with this application form may be shared with the Foundation's Board of Directors, officers and/ or scholarship committee members.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

(If Student is under 18 years of age)

Completed Scholarship Applications must be received or postmarked on or before **March 31, 2024**

at: **SCHOLARSHIP APPLICATIONS**
Clark County Community Foundation, Inc.
PO Box 116
Loyal, WI 54446-0116

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