



# 2024 Scholarship Application

## Clark County Community Scholarship Fund

The Clark County Community Foundation, Inc. (CCCF) has established the **Clark County Community Scholarship Fund** for the benefit of students from Clark County, Wisconsin.

**In 2024, the Clark County Community Scholarship Fund is awarding several \$400 scholarships to eligible Clark County high school graduates.**

### Eligible applicants must meet *all* of the following criteria:

1. The **Clark County Community Scholarship Fund** program is available to any 2024 high school graduate whose primary residence (address) is located within Clark County, Wisconsin; and
2. Who will graduate with a GPA of at least 2.00 (as of the scholarship application date);
3. Who is graduating from one of the following School Districts:

Abbotsford	Loyal	Pittsville
Alma Center – Humbird – Merrilan	Marshfield	Spencer
Colby	Neillsville	Stanley-Boyd
Granton	Osseo-Fairchild	Thorp
Greenwood	Owen-Withee	Other DPI accredited Home School

4. And, who complies with the admission requirements for full-time student status and has been accepted for enrollment (or is in the enrollment process) at an accredited university or technical school pursuing an associate or bachelor degree.

### To Apply:

1. Complete and submit the attached **Clark County Community Scholarship Fund Application** (pages 2-5) attaching any additional information as required or necessary to complete the Application in its entirety; and
2. Include one letter of reference from **an educator within your school district**; and
3. Include one letter of reference from **a non-family, non-school affiliated adult member of the community** who knows you personally.
4. Applications must be received or postmarked on or before **March 31, 2024** at:

**SCHOLARSHIP APPLICATIONS**  
Clark County Community Foundation, Inc.  
301 N Main St. PO Box 116  
Loyal, WI 54446 -0116

Successful applicants will be notified of scholarship awards as part of the award programs of their respective schools. Checks will be mailed to the scholarship recipients upon receipt and proof of his/her enrollment to the college or technical college stated in their application for the fall semester of 2024. Scholarship awards are not retroactive and may not be credited to semesters already completed.

**2024 Scholarship Application**  
**Clark County Community Scholarship Fund**



**This Application Form Must Be Used**

*Please print or type this Application – Attach additional pages and information as necessary.*

**Applicant's Name:** \_\_\_\_\_

**Application #** 2024 - \_\_\_\_\_ (CCCF Use)

**Permanent Address:**

**Street** \_\_\_\_\_

**City/State/Zip/County** \_\_\_\_\_

**Contact Phone #** \_\_\_\_\_

**High School graduating from:**

- |   |   |
|---|---|
| <input type="checkbox"/> Abbotsford HS                            | <input type="checkbox"/> Alma Center-Humbird-Merrillan HS |
| <input type="checkbox"/> Colby HS                                 | <input type="checkbox"/> Granton HS                       |
| <input type="checkbox"/> Greenwood HS                             | <input type="checkbox"/> Loyal HS                         |
| <input type="checkbox"/> Marshfield HS                            | <input type="checkbox"/> Neillsville HS                   |
| <input type="checkbox"/> Osseo – Fairchild HS                     | <input type="checkbox"/> Owen – Withee HS                 |
| <input type="checkbox"/> Pittsville HS                            | <input type="checkbox"/> Spencer HS                       |
| <input type="checkbox"/> Stanley – Boyd HS                        | <input type="checkbox"/> Thorp HS                         |
| <input type="checkbox"/> Other DPI / Home School (describe) _____ |   |

Most Recent GPA \_\_\_\_\_ Date of HS Graduation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Signature of School Guidance Counselor *or* Principal:** \_\_\_\_\_

Submit a **TRANSCRIPT** (*unofficial accepted*) of your academic record. (*see page 5 – Item 12*)

- Which school do you plan to attend? \_\_\_\_\_
- Major/Field of Study \_\_\_\_\_  Bachelor /  Associate
- Have you been accepted?  YES  NO
- Why have you chosen to study this field of coursework?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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*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"/>



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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.).

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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**

Website: [www.clarkccf.org](http://www.clarkccf.org)

Phone: **715-937-6167**

Email: [information@clarkccf.org](mailto:information@clarkccf.org)