

Power through Education™

——— SCHOLARSHIP APPLICATION

Financial assistance in the form of scholarship is awarded by the Foundation in accordance with the need, scholastic ability and character of the applicants. In order that the Foundation may apportion the available funds as fairly as possible, it is essential that this form be filled out with care and frankness. All information submitted will be treated as strictly confidential. However, in evaluating this application some discussion with the students school concerning financial aid and other matters may be necessary and applicant by submitting this aid request hereby authorizes such action.

Financial assistance is continued from year to year only to students who have maintained the standards of character and scholarship expected of them when the award was originally made. The Foundation also reserves the right to discontinue scholarship during the course of the year if the student's efforts, achievement or conduct is unsatisfactory.

Please return this application with all the other requested materials as soon as possible, but IN NO EVENT later than April 1st of the year of application to the:

TAILADIN 150 OF THE YEAR OF APPLICATION to the:

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(PLEASE TYPE)		Burlington, WI 53105		
1. Name:	(Last)	(First)	(Middle)	
2. Address:	(Street Number and Name)			
·	(City)	(State)	(Zip Code)	
3. Telephone: (,		_ Are you a U.S. Citizen? Yes [] No []	
4. Male [] Fe	emale [] Social Security Number		Date of Birth	
5. Name of Pare	ents (or guardian):			
Occupation of	of Parents (or guardian):		,	
Address:	(Street Number and Name)			
	(City)	(State)	(Zip Code)	
6. Annual incom	me of family from all sources:	-		
7. Capital resou	arces of family:			
	of family:			
(d.) other pe	ertinent financial:			
r				

Dated: _____

Signature: ___