

SISILIA HUMENIUK SCHOLARSHIP

THIS SCHOLARSHIP, IN MEMORY OF A WEST BRANCH GRADUATE, IS TO BE AWARDED ANNUALLY TO A WEST BRANCH GRADUATE WHO CONTINUES HIS/HER POST-HIGH SCHOOL EDUCATION IN NURSING RELATED STUDIES. (GRADE POINT MINIMUM AVERAGE 2.5)

CRITERIA: SCHOLARSHIP, COMMUNITY SERVICE, CHARACTER, AND LEADERSHIP

NAME: _____
Last First Middle Year of Graduation

HOME ADDRESS: _____

PHONE: _____ GPA _____

NAME(S) OF PARENT/GUARDIAN _____

NAME(S) OF BROTHERS/SISTERS _____

WHERE DO YOU PLAN TO ENROLL AND CONTINUE YOUR EDUCATION?

HAVE YOU BEEN ACCEPTED? _____

WHAT ARE YOUR CAREER GOALS? _____

WHAT DO YOU PLAN ON STUDYING? _____

LIST ACTIVITIES YOU HAVE BEEN INVOLVED IN: SCHOOL, COMMUNITY, AND CHURCH (INCLUDE NUMBER OF YEARS AND OFFICES HELD)

EACH APPLICATION SHALL BE ACCOMPANIED BY A LETTER OF RECOMMENDATION (teacher, employer, or community member) AND AN OFFICIAL HIGH SCHOOL TRANSCRIPT.

Student Signature

Parent/Guardian Signature

DUE: April 28, 2023 to Guidance