# The Wells County Foundation, Inc.
# Loren and Helen Decker Endowment Scholarship
# Student Application

**Program Eligibilities:**

1) Must be a graduating senior of Norwell High School or Huntington North High School and reside in Rock Creek Township
2) Have a minimum B average (3.0 GPA on 4.0 scale)
3) Plan to enter a 2-year trade/technical training program or 4-year academic college program as a full-time student at an accredited public or private postsecondary institution
4) Must have demonstrated good citizenship

**ALL APPLICATION MATERIALS MUST BE POSTMARKED BY MARCH 7, 2025, OR DELIVERED IN PERSON TO THE FOUNDATION BY 4:00 P.M. MARCH 7, 2025.**

**THE WELLS COUNTY FOUNDATION, INC.**
**222 W. MARKET ST.**
**BLUFFTON, IN 46714**
**(260) 824-8620**

**Type or print**

| Male/Female | Last Name | First Name | MI | Email |
|---|---|---|---|---|
| | | | | |

| Permanent Street Address | City | ZIP | Telephone |
|---|---|---|---|
| | | | |

| Name(s) of Parent(s) or Legal Guardian(s) | Address (if different from above) |
|---|---|
| | |

| Name of High School | Street Address | City, State ZIP | Telephone |
|---|---|---|---|
| | | | |

| Principal Name | Guidance Counselor(s) Name(s) | GPA: |
|---|---|---|
| | | |

**List college(s) or trade/technical training program(s) to which you have applied and indicate if you have been accepted:**

| Name of College/University | City, State | Accepted? | |
|---|---|---|---|
| | | Yes | No |
| | | Yes | No |
| | | Yes | No |

| | |
|---|---|
| **Intended major:** | |
| **Projected college graduation date (month/year):** | |

**School Activities, Awards and Honors: Beginning with the current year, list all activities, awards and/or honors received during the last four years.**

**Community Involvement and Work Experience: Beginning with the current year, list any community activities you have participated in during the last four years. Please include any work experience.**

**In a short paragraph, describe your future plans.**

**Affidavit:** The signature below affirms that all information provided in this application is true and complete to the best of my knowledge.

**Signature of Applicant** **Date**

**Affidavit:** The signature below affirms that the GPA provided in this application is valid.

**Signature of Guidance Counselor** **Date**