

COLUMNS SCHOLARSHIP APPLICATION

West Bend High School Seniors

2025 - 2026

Applications & checklist are due to Ms. Mueller in the Career Readiness Center by February 12, 2026.

THIS APPLICATION IS TO BE COMPLETED BY THE STUDENT. (PARENTAL HELP IS ALLOWED ON THE FINANCIAL SECTION.)

<input type="checkbox"/>	Technical or Academic _____
<input type="checkbox"/>	East or West _____
GPA: _____ Rank: _____ ACT Composite Score: _____	
# of AP classes: _____ # of Honors classes: _____ NHS: Y or N # of Volunteer Hours: _____	

First and Last Name: _____

Address: _____

City, State, Zip Code : _____

Phone: _____

E-mail address:

Personal: _____

School: _____

Birth date: _____



Father's Name: _____

Mother's Name: _____

Home Address: _____
(If Different than yours)

Home Address: _____
(If Different than yours)

Occupation: _____

Occupation: _____

Email: _____

Email: _____

Phone: _____

Phone: _____

Do you have any immediate family members who work for the West Bend Fire Department? _____

If Yes, Please list their name(s) and relationship: _____

Do you have any Masonic heritage (family members who are/were members of the masons)? Yes ___ or No ___ If yes, please name (add relationship & Lodge): _____

Names and ages of all siblings and the schools they are currently attending:

Name	Age	Name of Current School

Did you attend elementary school in the West Bend School District? Yes ___ or No ___

If yes, please list: _____

Did you attend middle school in the West Bend School District? Yes ___ or No ___

If yes, please list: _____

How many years have you attended the West Bend High Schools? _____

Will you be taking a gap semester or gap year after high school? Yes ___ or No ___

If so, what are your plans?

Are you the first person in your immediate family to pursue higher education (college, university, or technical school)? Yes ___ or No ___

Which Scholarship(s) are you applying for?

Ziegler ___	Rolfs ___	Froedtert WB ___	COLUMNS ___	WB Masonic ___	Children's Theater ___
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List Colleges/Programs that you have applied to as of January 15th. (Rank them)

College/Program	Accepted	Have not heard	Wait List
1.			
2.			
3.			
4.			
5.			

3. List all **in-School** Activities include sport, music, student government, and other clubs. Please indicate the grade(s) you participated in each.

In School Activity	Grade Level(s)	Office Held

4. List all **out-of-school** activities such as lessons, clubs, club sports, etc.

Non-School Activity	Year ___ to ___	Time Involved

5. List any honors, awards, or recognitions you received both in school and out of school during your high school years:

Honors/Awards/Recognitions	Year Received

Financial Page

Have your parents filed or do they intend to file the FAFSA? Yes ___ or No ___

After you have received your FAFSA confirmation e-mail, what is your family SAI (Student Aid Index)?

\$: _____

Financial Hardships

1. Do you have any unusual financial needs? Yes ___ or No ___

2. If yes, please explain. You might be asked to provide further explanation of your financial need in the interview. _____

Expenses At the School You Plan to Attend

(Only complete choices that apply.)

	1st Choice	2nd Choice	3rd Choice
Name of College or Program			
Tuition for one year	\$		
Room & Board for one year	\$		
Total cost for one year	\$		

How will you pay for your education?

Do you plan to work during the school year while attending school? Yes ___ or No ___

Do you plan to work in the summers while attending school? Yes ___ or No ___

Personal savings (Include any money in an EdVest College Savings Plan): Yes ___ or No ___

Annual Family Contributions : _____

(How much financial support have your parents tentatively committed to your education each year?)

Please list the scholarships you've been awarded and the amount awarded:

Scholarship	Amount

Authorization for release of records: I authorize the release of my academic records, grade point average, rank in class, and test scores to the scholarship committees. If my application does not have a parent signature or is not complete, my application may be disqualified.

My signature below also indicates that I have completed this application **myself** accurately and truthfully. I authorize the Scholarship Committee to clarify my involvement in school activities as listed above by contacting my counselor or activity advisor as needed. Understand that misrepresentation of factual information herein will cause my application to be withdrawn. Furthermore, if I am a recipient of a scholarship, I give permission for any of the committees to keep a copy of my application for historical purposes. **I also understand that if my school choice or career plans change, I may be forfeiting a scholarship for which I have been chosen. I understand my application may be shared with scholarship donors.**

Signature of Applicant: _____ Date: _____

Signature of Parent: _____ Date: _____