

# 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.)**

**Technical** or  **Academic**

**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 : \_\_\_\_\_

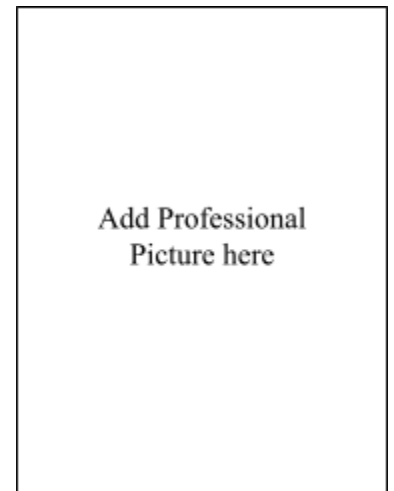
Phone: \_\_\_\_\_

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? Yes or No

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.)

	<b>1<sup>st</sup> Choice</b>	<b>2<sup>nd</sup> Choice</b>	<b>3<sup>rd</sup> Choice</b>
<b>Name of College or Program</b>			
<b>Tuition</b> for one year	\$		
<b>Room &amp; Board</b> for one year	\$		
<b>Total cost for one year</b>	\$		

**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: \_\_\_\_\_