



WBYFO SCHOLARSHIP APPLICATION

2025 - 2026

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

East or West (Circle one)

Please attach a formal senior picture here.

(Staple or Scotch tape.)

THIS APPLICATION IS TO BE COMPLETED BY THE STUDENT.

Name

Address

City, State, Zip Code

Phone

Birth date

Father's Name

Mother's Name

Occupation

Occupation

Place of Employment

Place of Employment

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

What is your cumulative GPA?

List the colleges/universities that you have applied to as of January 15. (RANK THEM.)

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

Are there any other colleges/universities you will apply to? Yes or No

If yes, please list:

-
-
-

Tentative field of study:

On a separate sheet of paper, please provide the appropriate response to the following question:

“How Football Has Helped Influence Your Life?” (no more than a one-page essay).

1. List all in-school activities (include sports, music, student government and other clubs), the grades you participated (9th, 10th, 11th, 12th) and any offices you held: **In-School Activity Grade Office Held**

2. List all extra community service: **Out-of-school Activity** WBYFO Church School Other Year ___ to ___ **Time Involved**

Required Activity?							

3. List all out-of-school activities, i.e. lessons, clubs, club sports, etc.: **Out-of-school Activity Year ___ to ___ Time Involved**

Involved		

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

Honors / Awards / Recognitions	Honors / Awards / Recognitions

Leisure time activities/hobbies (list):

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.

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 Understand that misrepresentation of factual information herein will cause my application to be withdrawn.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.

Signature of Applicant

Date _____

Signature of Parent _____

Date _____