

**YOUTH IMPACT CLUB
ZAK SCHMOLDT MEMORIAL SCHOLARSHIP APPLICATION**

Information Due February 12th, 2026 to Ms. Mueller in the Career Readiness Center

I. General Student Information

- A. Name:
- B. Address:
- C. City, State, Zip Code:
- D. Phone:
- E. E-mail address (personal & school):

II. Parent/Guardian Information

- A. Mother's Name:
- B. Occupation:
- C. Place of Employment:
- D. Address (if different than one listed above):
- E. Father's Name:
- F. Occupation:
- G. Place of Employment:
- H. Address(if different than one listed above):

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III. Names and ages of all brothers and sisters & the school they are currently attending.

| Name of Sibling | Age | Name of Current School |
|-----------------|-----|------------------------|
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IV. Academic History & Plans

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

B. Tentative field of study in college:

C. What colleges or technical schools are you considering attending?

D. Are you the first in your family to further your education beyond high school? (bold or circle response):
Yes or No

E. Do you have any unusual financial need? Yes or no

F. If yes to E, please explain:

G. Elementary school you attended?

H. Middle school you attended?

V. Other Activities

A. Leisure time activities/hobbies:

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

IX. Zak Schmoldt Memorial Scholarship Specific Questions

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parent signature or is not complete, your 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 Understand that misrepresentation of factual information herein will cause my application to be withdrawn.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.

Signature of Applicant _____ **Date** _____

Signature of Parent _____ **Date** _____