

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

**Information Due February 12th, 2026
Turn into 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

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?

- 1.
- 2.
- 3.

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? (bold or circle response): 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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1. How long have you been a member of the Youth Impact Club?
2. Have you been QPR trained? (bold or circle response) Yes or No
3. What (if any) leadership roles have you had in the YIC?
4. What have you done to help promote mental wellness and prevent suicide?
5. What do you plan to do to help promote mental wellness and prevent suicide after you graduate from high school?
6. Is there anything that makes you uniquely qualified or deserving of this scholarship?

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 your application does not have a

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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** _____