

# MCPASD Local Scholarship Application - Class of 2020

**Name:**

**Racial Background:**

African American      American Indian      Asian      Multi-Racial      Caucasian  
Latino      Pacific Islander      Southeast Asian      Other:

**Gender:**    Male      Female      Gender non-conforming\*      \*Some scholarships require a gender designation.

Are you a first generation college student (a student whose parents did not graduate from a 4-year college)?    No

I was a member of the Middleton Bluebirds Basketball Club?      No      Yes      If yes, how many years?

I was a member of or volunteered for the Middleton United Soccer Club?      No      Yes      If yes, how many years?

My parent/guardian is an employee of the MCPASD and a member of the MEA:      No      Yes

My parent/guardian is an educator in another school district and a member of WEAC:      No      Yes

I am a member of the UW Credit Union:      No      Yes      If yes, month and year joined:

By signing this statement, I agree to:

1. Personally complete the application. I understand that if I falsify information or have another person complete my information my application and any scholarship award may be forfeited.
2. Permit Middleton-Cross Plains Area School District to release my application information to the scholarship sponsor and my name to the press/website.
3. Write a formal thank you note to the scholarship sponsor and provide proof of enrollment from my college or university (ie: housing contract, schedule confirmation, enrollment deposit, etc.)
4. Notify Ms. Smith, Mr. Kusch, Ms. Gurtner or Ms. Middleton if I change my indicated major/career path or college. I further understand that a change to my major/career plan or college may result in having to return my scholarship award to the Middleton-Cross Plains Area School District.

**I have read and agree to the above terms of the MCPASD Local Scholarship Program.**

Electronic Signature:

Date:

**\*\* All local scholarship applications MUST be turned into the MHS Student Services Office (MHS Students) or the CSCS Main Office (CSCS Students) by 4:15 pm on March 6, 2020\*\***

**\*\*LATE APPLICATIONS WILL NOT BE CONSIDERED\*\***

#### Non-Discrimination Notice

It is the policy of the public school that no person may be denied admission to any public school in the District, or be denied participation in, be denied the benefits of, or be discriminated against in any curricular, co-curricular, pupil services, recreational or other program or activity because of the person's sex, race, color, nation origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation including transgender status, gender expression, gender identity, gender nonconformity or change of sex, or physical, mental emotional or learning disability or handicap as required by s.118.13 Wis. Stats. This policy also prohibits discrimination as defined by Title IX of the Education Amendments of 1972(sex), Title VI of the Civil Rights Act of 1964 (race and national origin) and Section 504 of the Rehabilitation Act of 1973.



3. Extracurricular Activities:

Please indicate the number of years you have participated in extracurricular experiences (both in and out of school) while in grades 9-12. *Activities listed in this section should not include activities listed in section 4 of this application.*

Activity	Years Participated (F, S ,J ,Sr)	Contact Name and Phone Number
----------	-------------------------------------	-------------------------------

From the above list, pick an activity and explain why it was important to you. **Limit your response to 150 words or less (please provide a word count for your essay - essays without a word count will NOT be considered).** Word Count: \_\_\_\_\_

4. Civic and Community Service Involvement/Volunteer Experience:

Please list your civic and community involvement (including volunteer experience) in grades 9-12. These experiences should include service learning & community service hours. **Do not include paid experiences.** *Activities listed on this section should not include activities listed in section 3 of this application.*

Activity:	Approx. total # of hours (gds 9-12)	Contact Name and Phone Number
-----------	---	-------------------------------

From the above list choose an experience and share how it influenced you and enriched your community. **Limit your response to 150 words or less (please provide a word count for your essay - essays without a word count will NOT be considered).**

Word Count: \_\_\_\_\_

5. Leadership:

Please list your leadership roles from activities listed in previous sections (roles may include but not limited to shift manager, club officer, team captain, committee chair, link crew leader, etc.) while in grades 9-12.

Activity	Leadership role	Years Participated (F, S, J, Sr)	Contact Name and Phone Number
----------	-----------------	-------------------------------------	-------------------------------

From the leadership roles listed above, what would others say are your strengths as a leader? Which of these strengths do you feel would be most useful in the future and why? **Limit your response to 150 words or less (please provide a word count for your essay - essays without a word count will not be considered).**

Word Count \_\_\_\_\_

6. Work Experience:

Please indicate the number of years and where you were employed while in grades 9-12.

Work Experience:	Years Participated (F, S, J, Sr)	Average # of hours per year
------------------	-------------------------------------	--------------------------------

From the above list, choose a work experience and describe what you learned from it and how it will help you reach your goals. **Limit your response to 150 words or less (please provide a word count for your essay - essays without a word count will not be considered).**

Word Count \_\_\_\_\_

7. Essay:

To help the scholarship committee get to know you, describe your future education and career goals in the following areas. **Limit your response to 200 words or less (please provide a word count for your essay - essays without a word count will not be considered).**

Word Count \_\_\_\_\_

OPTIONAL:

8. Please describe any extenuating circumstances or obstacles that you would like the scholarship committee to consider in the selection process, please share below. These may include, but are not limited to, financial barriers, family trauma, significant medical and/or mental health challenges, etc. As a reminder, this information will be released to sponsors.