



# Sheboygan Contractors Association Scholarship Application

Student's Information
Name
Address
City/State/Zip
Phone Number

School Information
School's Name
Address
City/State/Zip
<b>Overall GPA (Grade Point Average)</b> Freshman Yr.      Sophomore Yr.      Junior Yr.      Senior Yr. GPA _____ GPA _____ GPA _____ GPA _____

Focus of Studies or Apprenticeship:

## Family Information

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ City \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ City \_\_\_\_\_

## Brothers/ Sisters

Name	Age	Attending Post-Secondary School

I authorize disclosure of information set forth above, to the Sheboygan Contractors Association for use in the course of the Sheboygan Contractors Association Scholarship Awards Program

Signature or Parent or Guardian/Date \_\_\_\_\_

Signature of Adult Student/Date \_\_\_\_\_

Printed name of parent or guardian \_\_\_\_\_

Printed name of adult student \_\_\_\_\_

Application must be returned to the Sheboygan Contractors Association on or before April 1 (1 - \$500 scholarship will be awarded)  
 Mail application to: Sheboygan Contractors Association, 3414 S. 18th St., Sheboygan, WI 53081  
 Or email to: [sca@sheboygancontractors.org](mailto:sca@sheboygancontractors.org)