Memorial Go-Kart Inc. 5308 Hwy 175 Hartford, WI 53027 262-644-8375 DUE: Friday, April 14th, 2017



Scholarship Application Form

In addition to this completed application, the following information must be submitted to Memorial Go-Kart Inc:

- 1. 2 reference forms from school personnel. This form will be provided with the scholarship application and should be submitted with this application.
- 2. A copy of your high school transcript.
- 3. Recommendation letter/information from school advisory staff and/or principal.
- 4. Acceptance letter for continuing education

Applicant information

Name:	
Address:	
Telephone: ()	
Date of birth://	
Academic information	
 Schools attended (list in most recent order) High school Year graduated or will graduate: School name: Location: Years attended: School name: Location: Years attended: Cumulative grade point average: 	
 Indicate the area of education or type of program 	m/degree you intend to pursue:
	Length of program:
 List the colleges/technical schools you have app a. 	
b	
c	× /
d	Full-time or part-time (Circle one)

Organizations and community activities:

- 1. List any organizations you are a member of and extra-curricular activities you have participated in. List the office or position held in that organization and the years involved (school and nonschool related):
- 2. List any community activities or projects you participated in and the years involved: _____

Honors and Awards

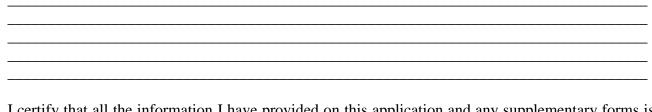
List any school and nonschool related honors or awards (athletics, scholastic, community, etc.):

Employment

List employers, ye	ears employed and positions held (list most	t recent employer first):	
Employer	Position	From	То
		(month/year)	(month/year)

Narrative

I should be considered for this scholarship for the following reasons (attach additional sheets if necessary): _____



I certify that all the information I have provided on this application and any supplementary forms is true, correct and complete. I authorize Memorial Go-Kart Inc., or its representatives to release information concerning the amount of any award I may receive.

Signature of Applicant: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

Please return the completed application form and attachments to school advisory staff/school counselor.

Memorial Go-Kart Inc. Scholarship Application

Memorial Go Kartone

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Signature of Reference:

Scholarship Reference Form School Personnel

Please have this form completed by a member of the School District personnel, counselor and/or principal.

Scholarship Applicant				
Name:			 	
Address:			 	
Reference				
Name:			 	
Address:			 	
Telephone: ()				
Relationship to applicant (teacher, supervisor, coworker):			 	
How long have you know applicant:			 	
<u>Characteristic</u>	Rank Excellent	(Please che Very Good	 ropriate a <u>Average</u>	area) <u>Poor</u>
1. Handles responsibility in a dependable manner.			 	
2. Plans and works cooperatively with others.			 	
3. Effectively manages time and work load.			 	
4. Receives and accepts feedback.			 	
5. Exhibits a positive attitude.			 	
6. Shows desire to learn and improve.			 	
7. Communicates effectively in written and verbal form.			 	
8. Demonstrates respect for others.			 	
9. Voluntarily provides community contributions.			 	
10. Exhibits knowledge in automotive technology.			 	

For additional comments please attach an additional sheet. This form and any additional information about applicant should be returned with scholarship application.

Date: