



**Annual APPLICATION DEADLINE: April 17<sup>th</sup> 2022**

This application must be dropped off or postmark mailed by the deadline above to:  
**Memorial Go-Kart Scholarship Program**  
6120 Limestone Drive  
Hartford, WI 53027

**Additional Documents Required:**

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 is provided as the last 2 pages of the scholarship application.
2. A copy of your high school transcript.
3. Recommendation letter/information from a school advisory staff and/or principal.
4. Acceptance letter for continuing education or enrollment documentation.

**Applicant Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Academic information:**

1. Schools attended *(list in most recent order)*

High School name: \_\_\_\_\_

Location: \_\_\_\_\_, WI      Years attended #: \_\_\_\_\_

Graduation Year \_\_\_\_\_

School name: \_\_\_\_\_

Location: \_\_\_\_\_      Years attended #: \_\_\_\_\_

2. Cumulative grade point average: \_\_\_\_\_

3. Indicate the area of education or type of program/degree you intend to pursue:

\_\_\_\_\_

4. Length of program above: \_\_\_\_\_

5. List the colleges/technical schools you have applied to in order of preference:

a. \_\_\_\_\_ Full-time or part-time *(circle one)*

b. \_\_\_\_\_ Full-time or part-time *(circle one)*

c. \_\_\_\_\_ Full-time or part-time *(circle one)*



**Organizations and Community Activities:** *(attach a sheet if more room is needed)*

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. Can be school and non-school related:

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2. List any community activities or projects you participated in and the years involved:

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**Honors and Awards**

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

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**Employment**

List employer, position(s) held and dates employed (list most recent employer first):

Employer Name: \_\_\_\_\_ City: \_\_\_\_\_  
Position(s): \_\_\_\_\_ Start Date: \_\_\_\_\_ End: \_\_\_\_\_

Employer Name: \_\_\_\_\_ City: \_\_\_\_\_  
Position(s): \_\_\_\_\_ Start Date: \_\_\_\_\_ End: \_\_\_\_\_

**Narrative**

I should be considered for this scholarship for the following reasons (or attach a cover letter):

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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/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**The following reference form must be completed by 2 school personnel.**



**Scholarship Reference Form - School Personnel**

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

**\*\*Applicant should fill out Name and Address**

**\*\*Scholarship Applicant Name:** \_\_\_\_\_

**\*\*Address:** \_\_\_\_\_

Reference Name: \_\_\_\_\_

School: \_\_\_\_\_ District of: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

How long have you known applicant: \_\_\_\_\_

**Characteristic**

*(Please check appropriate rank)* Excellent Good Average Poor

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 feel free to attach an additional sheet. This form and any additional information about applicant should be returned to the student and mailed with their scholarship application **before the April 17, 2022 deadline.**

Signature of Reference: \_\_\_\_\_ Date: \_\_\_\_\_

*Memorial Go-Kart Inc. is a 501c3 non-profit volunteer based organization in Washington County, WI offering area youth with positive activities through go karting and annual trade related scholarships since 2008. Your feedback on this student is greatly appreciated!*

*Find out more about us @ [memorialgo-kart.org](http://memorialgo-kart.org)*



**Scholarship Reference Form - School Personnel**

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

**\*\*Applicant should fill out Name and Address**

**\*\*Scholarship Applicant Name:** \_\_\_\_\_

**\*\*Address:** \_\_\_\_\_

Reference Name: \_\_\_\_\_

School: \_\_\_\_\_ District of: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

How long have you known applicant: \_\_\_\_\_

**Characteristic**

*(Please check appropriate rank)* Excellent Good Average Poor

1. Handles responsibility in a dependable manner.	___	___	___	___
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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 feel free to attach an additional sheet. This form and any additional information about applicant should be returned to the student and mailed with their scholarship application **before the April 21, 2021 deadline.**

Signature of Reference: \_\_\_\_\_ Date: \_\_\_\_\_

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