**2024 Wisconsin Towns Association**

**Scholarship Program**

**Background Information**

|  |  |
| --- | --- |
| **Name:** |  |
| **Telephone:** |  |
| **Mail Address:** |  |
| **City/State/Zip:** |  |
| **Email:** |  |
| **Residence**  **Town/Village/City of:** |  |
| **Residence County of:** |  |
| **Parent’s Names:** | **Father:**  **Mother:** |
| **Is either parent a town or village officer?** | **Yes: \_\_\_\_\_ If “yes” specify office held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **No: \_\_\_\_\_\_** |
| **Name of High School from which you are graduating in 2024?** |  |
| **School or institution of higher education you plan to attend after graduation?** |  |
| **Date of intended enrollment?** |  |
| **Career you plan to pursue?** |  |
| **Hobbies or activities in high school of interest to you?** |  |
| **Your Signature:** |  |
| **Date:** |  |

**Mail this completed form and your essay to the following address by May 24, 2024**

**Wisconsin Towns Association**

**W7686 County Road MMM**

**Shawano, WI 54166-6086**

**\*See back for scholarship essay requirements\***