***Bingham Family Scholarship***

**Application due to the guidance office by May 1st, 2024.**

**Scholarship Amount: 7 x $5,000**

**Financial need will be a priority in the selection of the recipient.**

**Criteria:**

* Must be a Chetek-Weyerhaeuser High School senior.
* Must indicate financial need.
* Must be planning to attend full-time at an accredited Wisconsin technical college to earn a degree or Wisconsin university or college with the intention of earning a bachelor's degree.
* Must have a minimum cumulative GPA of 3.0.

Please submit two letters of recommendation with your application.

 **All applications must be typed.**

**Applicant Data:**

|  |  |  |
| --- | --- | --- |
| Last Name:       | First Name:       | Middle Initial:       |
| Address:       | City:       |

**Post-Secondary School Data:**

Name of post-secondary school you plan to attend:

|  |  |  |
| --- | --- | --- |
| Post-Secondary School:       | City:       | State:       |
| Four-Year College or University [ ]  | Two-Year College [ ]  |
| Vocational/Technical School [ ]  | Other [ ]  Explain:       |

Major or program of study at post-secondary school:

**Work Experience:**

Describe your work experience during the past four years. Indicate dates of employment in each job and the duties of that job.

|  |  |  |
| --- | --- | --- |
| **Company** | Position/Duties | **Dates** |
|       |       |       |
|       |       |       |
|       |       |       |

**Community and School Service :** (Attach an additional sheet, if necessary)

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **Yrs Involved** | **Honors/Awards** | **Offices Held** |
|       |       |       |       |
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**Written Statement: (attach an additional sheet, if necessary)**

The Bingham Family Scholarship was created for Chetek-Weyerhaeuser graduating seniors to receive financial assistance towards their college education at a Wisconsin college or university. The Bingham family’s generosity towards others they have never met will be their legacy. Please share how you hope to make a positive impact to benefit others in the future.

**Estimated Family Income: (mark the box that applies)**

[ ]  Less than $25,000 per year

[ ]  $26,000 to $49,000 per year

[ ]  $50,000 to $99,000 per year

[ ]  More than $100,000 per year

Number of family members in household:  ­

**Certification:**

In submitting this application, I certify that the information is complete and accurate to the best of my knowledge.

Applicant's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Transcript Information:**

Applicant ranks       in a class of      . Cumulative G.P.A. (4.0 scale):

Signature of School Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_