



WISCONSIN ASSOCIATION OF HEALTH UNDERWRITERS

W.A.H.U. FOUNDATION SCHOLARSHIP FUND

WHICH OFFERS THE

JAMES S. VOGEL MEMORIAL SCHOLARSHIP

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline November 10

FOR SCHOLARSHIP AMERICA USE ONLY

I.D. #, AA, PD, RIC/CS, GPA, SATV, SATM, ACTE, ACTM, TOTAL

APPLICANT DATA

Last Name, First, Middle Initial, Permanent Home Mailing Address, City, State, Zip Code, Telephone, E-mail Address, Date of Birth, Social Security Number, Please indicate your status, American Indian/Alaska Native, Black/African American, Hispanic/Latino, Asian, Multi-Racial, White, Native Hawaiian/Pacific Islander

MEMBER PARENT OR GUARDIAN INFORMATION

Last Name, First, Middle Initial, Relationship to Applicant, Day Telephone, Company Name, Address, City, State, E-mail Address, Fax Number

HIGH SCHOOL DATA

School Name, High School Graduation Date, Month, Year, City, State, Telephone

POST-SECONDARY SCHOOL DATA

Name of post-secondary school you plan to attend, Use official school names, Do not use abbreviations, City, State

4 yr. College or University, 2 yr. Community or Junior College, Vocational-Technical School, Other, explain, Year in school next year: 1 2 3 4 5

Major or course of study, Expected college graduation date, Month, Year, Degree sought: Bachelor, Associate, Certificate, Other

If space provided in any section is inadequate, you may continue on additional sheets of paper using the same format. DO NOT repeat information already reported on the application form.

WORK EXPERIENCE

Describe your work experience during the past four years (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate number of hours worked each week. List amounts earned at each job.

Table with columns: Employer/Position, From-Mo/Yr, To-Mo/Yr, Hours per Week, Amount Earned

ACTIVITIES, AWARDS AND HONORS

List all school activities in which you have participated during the past four years (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the past four years (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors and offices held. Indicate whether high school or college activities.

Table with columns: Activity, No. of Years Partic., Special Awards, Honors, Offices Held, Activity, No. of Years Partic., Special Awards, Honors, Offices Held, Amount Earned

**GOALS AND ASPIRATIONS**

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.

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**UNUSUAL CIRCUMSTANCES**

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

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**APPLICANT APPRAISAL (REQUIRED)**

**To the Applicant:** This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. This section is to be completed by a high school or college counselor or advisor, an instructor, an instructor, or a work supervisor who knows you well. **To the Adult Appraiser:** You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.

The applicant's choice of a post-secondary educational program is  extremely appropriate  very appropriate  moderately appropriate  inappropriate

The applicant's achievements reflect his/her ability  extremely well  very well  moderately well  not well

The applicant's ability to set realistic and attainable goals is  excellent  good  fair  poor

The quality of the applicant's commitment to school and/or community is  excellent  good  fair  poor

The applicant is able to seek, find, and use learning resources  extremely well  very well  moderately well  not well

The applicant demonstrates curiosity and initiative  extremely well  very well  moderately well  not well

The applicant demonstrates good problem-solving skills, follows through, and completes tasks  extremely well  very well  moderately well  not well

The applicant's respect for self and others is  excellent  good  fair  poor

Comments \_\_\_\_\_

Appraiser's Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
 Signature \_\_\_\_\_ Organization \_\_\_\_\_ Date \_\_\_\_\_

**TRANSCRIPT INFORMATION**

An official transcript of grades must be sent with this application. On-line transcripts and grade reports are not acceptable.

- Students currently or previously enrolled in college or vocational-technical school must include all college or vo-tech transcripts of grades from each school attended. (Completion of this section is not necessary.)
- High school seniors and students who have completed less than one full quarter or semester of post-secondary education must include a high school transcript of grades and have this section completed by the appropriate school official. (A clear explanation of the school's grading scale must also be submitted.)

Applicant ranks _____ in a class of _____	Cumulative Grade Point Average		PSAT		SAT 1		ACT	
	Weighted: _____ /4.0 scale	Unweighted: _____ /4.0 scale	Verbal	Math	Verbal	Math	English	Math

School Official's Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
 School Official's Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**APPLICATION CHECKLIST**

The student is responsible for submitting all materials to Scholarship America on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when Scholarship America has received all of the following materials:

- Student Application with completed Applicant Appraisal
  - Current Complete Transcript(s) of Grades (including grading scale)
- On-line transcripts are not acceptable.

**Postmark deadline November 10**  
 James S. Vogel Memorial Scholarship  
 Scholarship Management Services,  
 Scholarship America  
 One Scholarship Way, P.O. Box 297  
 Saint Peter, MN 56082

**CERTIFICATION**

Scholarship America has the sole responsibility for selecting recipients based on criteria as set forth in the program's descriptive brochure. This application becomes the property of Scholarship America. (It is recommended that you keep a copy for your files.)

*I acknowledge decisions of Scholarship America are final. I certify that I meet the basic eligibility requirements of the program as described in the brochure and that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to provide proof of information I have given on this form. Falsification of information may result in termination of any scholarship granted.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Member/Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_