

Wilson Education Partnership

**Community Leadership Scholarship**

# Application Form

**Award Amounts**: For 2024 we will award a $1,000 scholarship to a student at Beddingfield, Hunt, Fike, WAAT and WECA.

**Eligibility:** Any senior planning to attend a 2 or 4 year college/technical program.

**Qualification:** To qualify for a WEP Scholarship, the student should:

* be a volunteer in community/charitable activities
* have a minimum weighted GPA of 3.0
* have a leadership position in a school activity

**Please submit** **the following: (review for grammar, spelling and clarity)**

* WEP application
* Essay (typed - a page or less) What leadership qualities make you deserving of the WEP Scholarship? How do you think these qualities will help you accomplish your future goals?
* Type the following, in bullet form, separated by category
  + High School activities
  + Community/Charity Volunteer Activities
  + Leadership Positions
  + Work Experience
* Letter of recommendation from a community or charitable organization representative where you have volunteered – **not a school representative or club advisor (church is acceptable)**

**Applications and supporting documents**

**must be emailed as one pdf file**

**by March 15, 2024 to** [rwilliams@wilsonedpartnership.com](mailto:rwilliams@wilsonedpartnership.com).

**No paper copies or alternate formats will be considered.**

Please direct any questions to WEP Executive Director, Robin Williams, at rwilliams@wilsonedpartnership.com.

**WEP Application**

**Please complete the following information:**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_ Home Telephone\_\_\_\_\_\_\_\_\_\_**

**Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**High School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Where will you be attending college? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Grade Point Verification Form**

**Please have your counselor fill out the following information.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has a minimum weighted grade point average of 3.0.**

**Student Name**

**Counselor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_**