CEA-WISCONSIN
SCHOLARSHIP APPLICATION FORM
(Please Print or Type)

▪ If applying as a CEA-Wisconsin member or spouse, please
  1) complete questions 9 through 12
  2) skip questions 13 through 17

▪ If applying as a dependent child of a CEA-Wisconsin member, please
  1) Complete questions 13 through 17
  2) Skip questions 9 through 12

1. Name:                      Last ___________________________ First ___________________________ MI

2. Mailing Address:           Social Security # ____________
                               Street
                               __________________________________________________________________________
                               City ___________________ State ____________ Zip ______________________

                               Phone ____________________________

                               Email ___________________________

3. University or Technical College Name: ____________________________

4. Current Class (if presently enrolled):
   High School
       □ Freshman □ Sophomore □ Junior □ Senior □ Certificate
   College (for Fall)
       □ Freshman □ Sophomore □ Junior □ Senior □ Cert/Grad

5. High School(s) attended by years, with date of graduation:

______________________________________________________________________________________________
6. Colleges attended by years (if any) and date of graduation:

________________________________________________________________________________________

7. School, community, and/or association involvement and activities:

________________________________________________________________________________________

8. In 250 words or less please respond to the following questions:

- For CEA-Wisconsin members applying for a scholarship for him/herself --- What are your goals in the field of education or library science?
- For spouses/dependents of a CEA-Wisconsin member --- What are your educational goals?

________________________________________________________________________________________

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CEA-Wisconsin member or spouse applicant must complete this section:

9. If married, spouse’s occupation: ________________
10. Number of dependents: _______  Annual Income: _______
11. College Grade Point Average: _______
12. High School Rank: scholarship/grants received/applied for and amounts ______

Dependent child applicant must complete this section:

13. Parent who is a CEA-Wisconsin member

<table>
<thead>
<tr>
<th>Father:</th>
<th>Living __ Deceased __</th>
<th>Mother:</th>
<th>Living __ Deceased __</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name</td>
<td>Full Name</td>
<td>Address</td>
<td>Address</td>
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<td></td>
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<tr>
<td>Work Site</td>
<td>Work Site</td>
<td>Occupation</td>
<td>Occupation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Annual Income</td>
<td>Annual Income</td>
</tr>
<tr>
<td>College attended</td>
<td>College attended</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

14. How many brothers and/or sisters do you have with ages? ____________________________
15. Your personal annual income: _______________
16. Scholastic Record: ACT or SAT scores (if any): _______________
   High School Rank: _______________
   College GPA (if any): _______________
17. List other current year scholarships/grants received or applied for with amounts:
__________________________________________________________________________

All information submitted is true and accurate. I authorize the CEA-Wisconsin Scholarship Committee to verify the information contained in this application.

_________________________________________  ________________________________
Date                                              Signature of Applicant

_________________________________________  ________________________________
Signature of CEA-Wisconsin Member

Note: Applicants may be asked to provide additional information.