

# 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:**   
Street  
  
City State Zip

**Phone:**

**Email:**

3. **University or Technical College Name:**

4. **Current Class (if presently enrolled):**

High School	<input type="checkbox"/> Freshman	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior	<input type="checkbox"/> Certificate
College (for Fall)	<input type="checkbox"/> Freshman	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior	<input type="checkbox"/> Cert/Grad

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

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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

Father: Living ___ Deceased ___	Mother: Living ___ Deceased ___
Full Name	Full Name
Address	Address
Work Site	Work Site
Occupation	Occupation
Annual Income	Annual Income
College attended	College attended

- 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.*