East \square	
West □	

ANN SALIGSTAD MEMORIAL SCHOLARSHIP APPLICATION

West □			2025 - 20)26		LEACHI
GPA:	Rank:		ACT Composite S	core:		
of AP classes:	# of Honors cl	asses:	NHS: Y or N	# of Volunte	eer Hours:	- Suork of V
*****	******	*****	******	************	*****	*****
oplications & check the Career Readin			6.			ach a formal icture here.
HIS APPLICATION THE STUDENT. NANCIAL SECTION	(PARENTAL HE		WED ON THE		(Staple or	Scotch tape.)
ame:						
one						
mail address:				l		
rth date		-				
ther's Name:			Mother's	Name:		
ecupation			Occupation	on		
ace of Employmen	nt		Place of E	Employment		
ldressdifferent than yours.)			Address_ (If different	than yours.)		
			nd the school they are	-		
Nam	ie	Age	Name of C	urrent Sch	ool	
						\dashv
						\dashv

List the colleges/universities that you have applied to as of January 15. (RANK THEM.)

	•		,	
College/University		Accepted	Have not heard	Wait List
Are there any other colleges/universities you List:		N	Please stop typing a each line and then the beginning of the continue.	click the cursor
What have you done in the area of this intere	est (i.e. jobs, classe	s, projects, volu	inteer work, etc	
Are you the first in your family to attend a			eyond high school) Y 0	r N
Middle school you attended?				
Part-time jobs you have held or are now hold	ling?			
Where	Position H	eld	From to _	

If the student would prefer, the next two questions may be completed on a separate document.

Leisure time activities/hobbies:

In a paragraph, explain why you want to continue your education and why you should receive a scholarship. Additionally, include career aspirations. (Limit your remarks to no more than 200 words.) If you wish, this can be completed on a separate document.
Please note:
If you are the recipient of this scholarship, you will need to submit your grades to the family for your freshman year of college and every year after that to continue receiving the scholarship. You must maintain a 3.0 GPA. The first payment of \$1,00 will be for your sophomore year. You will receive an additional \$500 for your junior and senior years as long as you continue to be an education major in good academic standing. (3.0 GPA)

Financial Page

Have your parents filed or do they intend to file the FAFSA?	Yes No _		
After you have received your FAFSA confirmation e-mail, what	t is your family EFC	C (Expected Family Co	ontribution)
Einangial Handshins			
Financial Hardships			
1. Do you have any <u>unusual</u> financial need? Yes No		1 1: 4	
2. If yes, then explain. You can expect to be asked to explain f interview.	urtner your financia	I need in the	
Evnonces At the School Voy Plan to Attend			
Expenses At the School You Plan to Attend (Only fill in as many choices as needed.)			
(Only III III as many choices as needed.)	1st Choice	2nd Choice	3rd Choice
Name of College or University		2 011010	
Tuition for one year			
•			
Room & Board for one year			
Total cost for one year			
How will you pay for your education?			
Do you plan to work while attending school? Yes or Do you plan to work in the summers while you go to school		lo	
Personal savings (Include any money in an EdVest College	e Savings Plan) Ye	es or No	
Annual Family Contributions (How much financial support have your parents tentatively comm	itted to your educati	on on an annual basis?)
Scholarships you have already been awarded? List and inc	lude the amount.		
Scholarship			Amount
_			

1. ATTACH THE VOLUNTEER SERVICE REPORT TO YOUR APPLICATION.

In-School Activity		Grade	Office Held
List all out-of-school activities, i.e. lessons, clubs, club	sports, etc.:	T	
Non-school Activity		Yearto	Time Invol
List any honors, awards, or recognitions you have rece years: Honors / Awards / Recognitions		rs / Awards / Re	
8			
ill you be taking a gap semester or gap year after hig			
so, what are your plans? uthorization for release of records: I authorize the release of the scholarship committees. If your application does not have	f my academic records, gra	nde point average, ra	
	f my academic records, gra a parent signature or is not lf accurately and truthfully. I auditivity advisor as needed. Underst scholarship, I give permission for	ade point average, rate complete, your appetence the Scholarship Contant that misrepresentation any of the committees	plication may be Committee to clarify my on of factual information h to keep a copy of my appli
so, what are your plans? Inthorization for release of records: I authorize the release of the scholarship committees. If your application does not have equalified. I signature below also indicates that I have completed this application myse olvement in school activities as listed above by contacting my counselor or a l cause my application to be withdrawn. Furthermore, if I am a recipient of a historical purposes. I also understand that if my school choice	f my academic records, gra a parent signature or is not a parent signature or is not a parent signature or is not a parent signature or is not ctivity advisor as needed. Underst scholarship, I give permission for the or career plans change	thorize the Scholarship C tand that misrepresentation of the committees e, I may be forfeiti	Committee to clarify my on of factual information to keep a copy of my appl