

# Genoa City Lions Club Scholarship Application 2022-2023

This entire application must be legible and fully completed.

Please print.

Additional copies of this application are available online at <http://e-clubhouse.org/sites/genoacitywi/>

Applicants: **Every question on the application must be answered.** If you think a question does not apply to you, mark "N/A" in the space.

**If this application contains any blank spaces, it will be considered incomplete and will not be accepted. Applications must be received no later than May 10, 2023.**

We recommend that applicants make a full copy of the completed application and all supporting documents before submitting the application package to the Genoa City Lions Club Scholarship Committee. The Genoa City Lions Club cannot be responsible for incomplete application packages.

## SECTION 1 – Personal Information

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Residency:

I am a resident of \_\_\_\_\_, and would be able to provide documentation upon request.

Picture:

\_\_\_\_\_ YES, if I become a scholarship recipient, I agree to provide a picture and to have my picture and information released to promote the Genoa City Lions Club and their Scholarship Program and consent to it being used.

## SECTION 2 – School Information

### 2A. CURRENT SCHOOL INFORMATION

I am currently a High School student (Y/N): \_\_\_\_\_ I will graduate on: \_\_\_\_\_

School Name: \_\_\_\_\_

Current School's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ (out of 4.0 \_\_\_\_\_ or \_\_\_\_\_) please indicate if GPA is not based on a 4.0 scale.

### 2B. SCHOOL AT WHICH SCHOLARSHIP WILL BE UTILIZED – GENERAL INFORMATION

I am accepted: \_\_\_\_\_ I applied, but have not yet been accepted: \_\_\_\_\_

Future College/University: \_\_\_\_\_

Address of Financial Aid Office: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I will be pursuing a career in: \_\_\_\_\_

Financial Aid Counselor's Name: \_\_\_\_\_ Counselor's Phone Number: \_\_\_\_\_

My tuition for the year, not one semester is: Greater than \$10,000: \_\_\_\_\_ Less than \$10,000: \_\_\_\_\_

### 2C. SCHOOL AT WHICH SCHOLARSHIP WILL BE UTILIZED – ACADEMIC INFORMATION

My goal: Associate's Degree: \_\_\_\_\_ Bachelor's Degree: \_\_\_\_\_ Other: \_\_\_\_\_

Expected Graduation (month/year): \_\_\_\_\_ Credit Hours: \_\_\_\_\_ Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

## SECTION 3 - Transcripts

**Applicants are required to provide transcripts for the most recent two (2) semesters. Transcripts should be official, or unofficial with a school seal, (feel free to use additional paper as necessary) and be sure to submit the transcripts with your application.**

I am providing:

Two semesters of high school transcripts: \_\_\_\_\_

Transcripts from more than 1 high school: \_\_\_\_\_

Other: \_\_\_\_\_

## **SECTION 4 – Activities, Honors & Achievements**

Please use this section to indicate activities, honors and special achievements, and feel free to use additional paper as necessary. A resume may NOT be submitted instead of providing the information below.

### **4A. EXTRACURRICULAR ACTIVITIES** (e.g., clubs, sports)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### **4B. VOLUNTEER ACTIVITIES** (at school, work, or other)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### **4C. AWARDS/SPECIAL RECOGNITION RECEIVED** (e.g., Honor Society, Dean's List, Employee of the Month)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### **4D. LEADERSHIP/OFFICER POSITIONS** (e.g., captain of team, class or club president)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### SECTION 5 – Volunteer/Work Experience

Please list any volunteer, community service activities or work experience (starting with most recent). Feel free to use additional paper as necessary. A resume may NOT be submitted instead of providing the information below.

**I have not had any volunteer/work experience:** \_\_\_\_\_

1. Company: \_\_\_\_\_ Position held: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Start Date (month/year): \_\_\_\_\_ End Date: \_\_\_\_\_

This experience was: Paid: \_\_\_\_\_ Volunteer: \_\_\_\_\_ Hours worked: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact's Title: \_\_\_\_\_ Contact's Phone Number: \_\_\_\_\_

2. Company: \_\_\_\_\_ Position held: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Start Date (month/year): \_\_\_\_\_ End Date: \_\_\_\_\_

This experience was: Paid: \_\_\_\_\_ Volunteer: \_\_\_\_\_ Hours worked: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact's Title: \_\_\_\_\_ Contact's Phone Number: \_\_\_\_\_

3. Company: \_\_\_\_\_ Position held: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Start Date (month/year): \_\_\_\_\_ End Date: \_\_\_\_\_

This experience was: Paid: \_\_\_\_\_ Volunteer: \_\_\_\_\_ Hours worked: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact's Title: \_\_\_\_\_ Contact's Phone Number: \_\_\_\_\_

## SECTION 6 – Recommendations

Applicants are required to provide two personal recommendations. Please have the individuals submitting referrals on your behalf complete the following information.

### REFERRAL #1

How do you know the applicant? \_\_\_\_\_ For how long? \_\_\_\_\_

Please rate the applicant:	Above Average	Average	Below Average	Unknown
Interpersonal communication skills	_____	_____	_____	_____
Ability to work with others	_____	_____	_____	_____
Demonstrates initiative	_____	_____	_____	_____
Performance under stress	_____	_____	_____	_____
Self-confidence	_____	_____	_____	_____
Responsibility and reliability	_____	_____	_____	_____
Ability to accept constructive feedback and learn from it	_____	_____	_____	_____
Attendance and timeliness	_____	_____	_____	_____
Potential for growth	_____	_____	_____	_____

**Please submit any additional information you would like to share about the student on separate page.**

Signature of Recommender \_\_\_\_\_ Date \_\_\_\_\_  
 Name of Recommender \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Organization \_\_\_\_\_ Title \_\_\_\_\_  
 Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

### REFERRAL #2

How do you know the applicant? \_\_\_\_\_ For how long? \_\_\_\_\_

Please rate the applicant:	Above Average	Average	Below Average	Unknown
Interpersonal communication skills	_____	_____	_____	_____
Ability to work with others	_____	_____	_____	_____
Demonstrates initiative	_____	_____	_____	_____
Performance under stress	_____	_____	_____	_____
Self-confidence	_____	_____	_____	_____
Responsibility and reliability	_____	_____	_____	_____
Ability to accept constructive feedback and learn from it	_____	_____	_____	_____
Attendance and timeliness	_____	_____	_____	_____
Potential for growth	_____	_____	_____	_____

**Please submit any additional information you would like to share about the student on separate page.**

Signature of Recommender \_\_\_\_\_ Date \_\_\_\_\_  
 Name of Recommender \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Organization \_\_\_\_\_ Title \_\_\_\_\_  
 Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_



## SECTION 7 - Essay

With your application, please include your response to the following essay question. **Essay must be on a separate piece of paper, and must have your name and the essay question typed/printed at the top of the page.**

**In one hundred words or less, please let us know; (1) why you feel you should receive this scholarship, (2) demonstrate your financial need, and (3) how a scholarship from the Genoa City Lions Club will affect your ability to further pursue your educational goals.**

## SECTION 8 – Conclusion & Required Signatures

### 8A. I HAVE INCLUDED THE FOLLOWING

<input type="checkbox"/> Application	<input type="checkbox"/> Photocopied documentation of honors and achievements
<input type="checkbox"/> Photo (optional)	<input type="checkbox"/> Two (2) signed recommendations
<input type="checkbox"/> Two semesters of transcripts	<input type="checkbox"/> Essay (per section 7)

### 8B. PLEASE READ THE FOLLOWING PRIOR TO SIGNING BELOW:

To the best of my knowledge, I have provided the Genoa City Lions Club Scholarship Committee accurate information concerning all questions on this application. I hereby agree to report to the Genoa City Lions Club Scholarship Committee any changes which could affect consideration of my application. I understand that all decisions of the Genoa City Lions Club Scholarship Committee are final.

I understand that if I am awarded a scholarship, certain requirements must be met before any monies can be disbursed.

**In order to receive your Scholarship Award, you must complete your first semester in college, or trade school, and be enrolled in your second semester. Send a copy of your first semester grades (a "C" (2.5) average is required in order to receive this scholarship), and proof of enrollment in the second semester, to the address listed below, as well as the name and address of the school you are attending, and whom to make the check out to. A check for \$1,000.00 will be made payable to the school on your behalf.**

Once received, we will submit payment to your school within thirty (30) days.

**Genoa City Lions Club  
N1798 N Daisy Drive  
Genoa City, WI 53128-1170**

Any withdrawal from college or vocational school shall cause no funds to be disbursed. You will have until February 28, 2024 to use/apply this scholarship towards college classes. Any funds remaining after this date shall no longer be available to you.

_____ Applicants Signature	_____ Print Name	_____ Date
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_____ Parent/Guardian Signature	_____ Print Name	_____ Date
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