



# WISCONSIN SOCIAL SERVICES ASSOCIATION SCHOLARSHIP APPLICATION

County: \_\_\_\_\_

## PERSONAL DATA

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

Home Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employed by: \_\_\_\_\_

Position: \_\_\_\_\_ Number of Years: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Work Fax #: \_\_\_\_\_

Work E-mail: \_\_\_\_\_

Names & Ages of dependent children \_\_\_\_\_ (optional)

Marital Status \_\_\_\_\_ (optional) Wisconsin Resident?  Yes  No How many years: \_\_\_\_\_

Current WSSA Member:  Yes  No How many years: \_\_\_\_\_

## EDUCATIONAL PLANS

Name of school you are attending or plan to attend: \_\_\_\_\_

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

Have you applied and been accepted for admission?  Yes  No

Number of Credits \_\_\_\_\_ Graduate or Undergraduate \_\_\_\_\_

What is the approximate total expected cost of your intended education? \$ \_\_\_\_\_

How do you plan to finance your education? *(please list all scholarships, grants, awards, agency reimbursement, etc.)*

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