

GSA SCHOLARSHIP

West De Pere High School

De Pere, WI

Name: _____
(last) (first) (middle)

Home Address: _____
(number & street) (city) (zip)

Date of Birth: _____
(month – day – year)

Name of Parent(s) or Guardian(s): _____

Occupation of Parent or Guardian #1: _____

Occupation of Parent or Guardian #2: _____

Number of Siblings Living at Home: _____

Number of Siblings (besides yourself) Attending Post-Secondary School Next Year: _____

Name of College or Technical School You Plan To Attend: _____

Subject or Area You Plan To Major in: _____

Do you agree to inform the principal of West De Pere High School immediately if you decide to discontinue your college education? _____

Have you received any other scholarships? _____ If so, please list below.

Scholarship Name _____ Amount _____

Scholarship Name _____ Amount _____

Scholarship Name _____ Amount _____

Please respond to the following essay question in 1-2 pages (typed, paragraphed, double-spaced).

How do you plan to continue to be an advocate for LGBTQ issues while attending college?

Please return to the Student Services office no later than March 13th. Include a copy of your student profile.

All information on this application is confidential.