

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

## Sparta High School Scholarship Application

***Make only one packet for these scholarships and check the boxes for the ones you're applying for:***

<input type="checkbox"/>	1 <sup>st</sup> Community Credit Union
<input type="checkbox"/>	Barbershoppers
<input type="checkbox"/>	Class of 1981*
<input type="checkbox"/>	Class of 1983
<input type="checkbox"/>	Margo Degenhardt Wrestling
<input type="checkbox"/>	Anthony (Alex) Gaunky Memorial
<input type="checkbox"/>	Tim & Karen Greeno Memorial
<input type="checkbox"/>	Winona Haney
<input type="checkbox"/>	Dale & Phyllis Harrie
<input type="checkbox"/>	William M. Klein Memorial
<input type="checkbox"/>	Janet Krotzman Memorial
<input type="checkbox"/>	Alexander L. Nichols
<input type="checkbox"/>	Karla Ronke Memorial Nursing
<input type="checkbox"/>	Darren Schauf Memorial
<input type="checkbox"/>	Ann & Harold Schendel
<input type="checkbox"/>	Sparta High School Alumni
<input type="checkbox"/>	Coach Red Wermer*
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

***Make one packet for each of these scholarships and check only one box per application packet:***

<input type="checkbox"/>	Janelle Britton Memorial
<input type="checkbox"/>	Dr. Jack Brown*
<input type="checkbox"/>	Cataract Sportsmen Club*
<input type="checkbox"/>	Class of 1939 & 1989*
<input type="checkbox"/>	Class of 1940 Music*
<input type="checkbox"/>	Class of 1978*
<input type="checkbox"/>	Erv's Fire Protection*
<input type="checkbox"/>	Jason D. Finstad*
<input type="checkbox"/>	Friends of Cataract
<input type="checkbox"/>	Singh Grewal*
<input type="checkbox"/>	Innovations STEM Academy X
<input type="checkbox"/>	Kiwanis Club* (additional requirements posted on website)
<input type="checkbox"/>	Knights of Pythias *
<input type="checkbox"/>	Joel Konze "Best Day Ever"*
<input type="checkbox"/>	Lady Butterfest*
<input type="checkbox"/>	George & Phyllis Lundy*
<input type="checkbox"/>	JD Olson Memorial*
<input type="checkbox"/>	Prescott O. Piper*
<input type="checkbox"/>	Sparta Boys Soccer Club*
<input type="checkbox"/>	Sparta Education Association*
<input type="checkbox"/>	Sparta Girls Soccer Club*
<input type="checkbox"/>	Sparta Gridiron*
<input type="checkbox"/>	Sparta Lions Club*
<input type="checkbox"/>	Sparta Public Ed Foundation*
<input type="checkbox"/>	Sparta Rod & Gun Club*
<input type="checkbox"/>	Sparta Sparks Volleyball*
<input type="checkbox"/>	Mark D. Wall Memorial*

\* = Letter of Recommendation required

**\*\*Separate local scholarship applications available online:** American Legion Auxiliary, American Legion Post 100, Mabel E. Dupee, Good Citizens, Oakdale Credit Union, Snowmobile Trails, Sparta Coop, Sparta FFA, Sparta Rotary, VFW Post 2112, Women's Golf Association, Fellowship of Christian Athletes, Western Saddle Club, Character Lives

***Completed and organized application packets are due to the Student Services Office by 7:40am on Friday, February 23rd, 2024. Application packets turned in after this time will be marked late.***



## Sparta Scholarship Application



Name:

Address:

Phone:

Personal Email:

### High School Academic Information

ACT Composite Score (if applicable):

### Future Education Plans

School you plan on attending: \_\_\_\_\_

Have you applied?      Yes     No

Have you been accepted?    Yes     No

Area of study in college (If unsure, indicate "Undecided"):

Desired career upon college graduation:

Cumulative GPA (use 3 decimal points, do not round up):

Class Rank: #            of:

### Personal Statement

Please attach this to the application and address the following in a typed, one-page (no longer), 12-point font essay. Completeness of ideas, sentence construction, spelling, and neatness are important. What would receiving a scholarship mean to you and why? What qualities and attributes do you have that make you a top candidate for a scholarship? You may also share any extenuating circumstances that may be an obstacle to your education (ex: family situations, personal situations, financial, health) but this is optional.

**Application Continued on Next Page**

**School Activities**

Activity	# years involved	Special awards, honors	Offices Held

**Community Involvement/Volunteer Experience**

Activity and description	# of hours	# years involved	Honors/Awards

**Work**

Employer	Position & job duties	Hours per week	Dates employed

**Please read the statements below and sign and date:**

- I verify that the information provided on this application is accurate and my original work.
- I acknowledge that I read and agree to the terms on the scholarship instruction page.
- I understand that failure to follow the instructions may result in an invalid application.
- I consent for the Sparta School District to verify my official GPA and class rank.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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