

# The Carl D. Schillig Memorial Scholarship Application

PLEASE COMPLETE THIS FORM AND RETURN TO THE PRINCIPAL BY APRIL 18

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

COLLEGE OR VOCATIONAL SCHOOL THAT YOU PLAN TO ATTEND:

\_\_\_\_\_

OTHER SCHOLARSHIPS OR AWARDS RECEIVED:

\_\_\_\_\_

\_\_\_\_\_

## EXTRA-CURRICULAR & COMMUNITY ACTIVITIES

ACTIVITY

GRADE LEVEL OF  
PARTICIPATION

POSITION HELD OR HONORS

9    10    11    12

	<u>GRADE LEVEL OF PARTICIPATION</u>					
	9	10	11	12		

**WORK EXPERIENCE** (list jobs including summer employment you have had in the past 2-3 years)

<u>NATURE OF WORK</u>	<u>EMPLOYER</u>	<u>DATES</u>	<u>HRS/WEEK</u>
1.			
2.			
3.			
4.			

CONTINUE



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**Scholarship Application**

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**RECOMMENDATION BY TEACHER, COUNSELOR OR SCHOOL OFFICIAL**

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**SIGNATURE OF SCHOOL OFFICIAL:**

**DATE:** \_\_\_\_\_

**OTHER RECOMMENDATION (non-school) FROM COMMUNITYT OR CHURCH RELATED**  
**INDIVIDUAL.**

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**NAME OF PERSON MAKING RECOMMENDATION:**

\_\_\_\_\_  
(Please type or print)

**TITLE OF PERSON MAKING RECOMMENDATION:**

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**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_