



# Sheboygan Contractors Association Scholarship Application

Student's Information
Name _____
Address _____
City/State/Zip _____
Phone Number _____

School Information
School's Name _____
Address _____
City/State/Zip _____
<b>Overall GPA (Grade Point Average)</b>
Freshman Yr.      Sophomore Yr.      Junior Yr.      Senior Yr.
GPA _____      GPA _____      GPA _____      GPA _____

Focus of Studies or Apprenticeship:

## Family Information

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ City \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ City \_\_\_\_\_

## Brothers/ Sisters

Name	Age	Attending Post-Secondary School

I authorize disclosure of information set forth above, to the Sheboygan Contractors Association for use in the course of the Sheboygan Contractors Association Scholarship Awards Program

\_\_\_\_\_  
Signature or Parent or Guardian/Date

\_\_\_\_\_  
Signature of Adult Student/Date

\_\_\_\_\_  
Printed name of parent or guardian

\_\_\_\_\_  
Printed name of adult student

Application must be returned to the Sheboygan Contractors Association on or before April 1 (1 - \$500 scholarship will be awarded)  
Mail application to: Sheboygan Contractors Association, 3414 S. 18th St., Sheboygan, WI 53081  
Or email to: [sca@sheboygancontractors.org](mailto:sca@sheboygancontractors.org)