Janet Bergstrom Scholarship

This scholarship is for individual(s) graduating from West Monona School District who shall be continuing their education. Financial need is the emphasis of this scholarship. In addition, consideration will be given to special needs individuals or to those who have volunteered to help individuals with special needs.

**Completed applications should be submitted to West Monona Guidance office no later than 3:00 PM on April 15.**

1. Student Information (Print or Type)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  |  |  |  |
|  | First |  | Last |  |
| Address: |  |  |  |  |
|  |  |  |  |  |
|  | City |  | State |  |
|  |  |  |  |  |
| Telephone: | ( ) |  |  |  |
|  |  |  |  |  |
| E-Mail: | @ | | | |
|  |  |  |  |  |
|  |  |  |  |  |

1. Academic Information (Print or Type)

|  |  |  |
| --- | --- | --- |
| Grade Point Average: |  |  |
|  |  |  |
| Total Number in Class: |  |  |

1. Student Resume
   1. Please attach a resume including but not limited to the following:
      1. School Activities
      2. Community Service Work or Activities
      3. Volunteer work with special needs individuals
      4. Place of Employment
      5. Personal Interest
2. Post-Secondary Education (Print or Type) May be included in personal resume.

|  |  |  |
| --- | --- | --- |
| Where do you plan to continue your education: |  |  |
|  |  |  |
| Anticipated Major/Career Field: |  |  |
|  |  |  |
| Why have you chosen this specific Major/Career Field at this time: |  |  |
|  |  |  |
|  |  |  |

1. Financial Assistance
   1. On separate form (type or print), state your plan to finance you post-secondary education