



University of Wisconsin-Barron County

Foundation Inc.

Return-to-Learn Scholarship Application

This application is a PDF fillable form. If you are unable to type information into the form, download to your computer and open using PDF-supportive software (there are multiple free and paid versions available online) OR open the form using Google CHROME. Once completed, SAVE as a PDF or using your PRINT function, change your printer to SAVE AS PDF and save it to your computer, cloud-based storage or a flash drive! If your computer will not support PDF fillable forms, PRINT the blank form and neatly hand-write your responses, or type the questions and your responses into a Word document.

Deadlines: Dec. 15 Spring semester, May 15 for Summer semester, July 15 for Fall semester



PERSONAL INFORMATION

LAST NAME:

FIRST NAME:

MAILING ADDRESS (Home):

CITY:

STATE:

ZIP CODE:

EMAIL ADDRESS:

PHONE NUMBER:

DATE OF BIRTH:

Gender

HIGH SCHOOL ATTENDED/
Year Graduated:

OTHER SCHOOL(S)
ATTENDED:



EDUCATION

INTENDED MAJOR:

INTENDED
BACCALAUREATE
INSITUTION/PLANS:

Semesters COMPLETED*:

Credits COMPLETED*:

* Do not include the current semester

Cumulative GPA:

Credits THIS Semester

Intended Credit Load

Intended Credit
Load
Spring '19:

Intended credit
Load Summer
'18 or 19 (if
applying for
summer)

Refer to the Return-to-Learn Scholarship Descriptions and indicate the scholarships for which you are eligible and wish to be considered.

Business & Estate Advisers
Francis & Barbara Stauner
UW-Barron County Foundation Board
Bill Appleyard Memorial

ESSAY REQUIREMENT: On a separate document, write a short essay (2-4 paragraphs--typed) supporting why you should be considered for the scholarship(s) listed above. Please address any specific criteria of the scholarship (e.g. demonstrates financial need, course completion requirement, etc.). Also include your academic, professional, or personal goals

I certify that all information on this application is true and complete. If requested, I agree to submit documentation of information stated on this application. I authorize the University of Wisconsin Colleges to release to the UW-BC Scholarship Committee and UW-Barron County Foundation, Inc. information about my educational record, including admission, financial aid and academic information, for the purpose of determining my eligibility for scholarship awards. If an award is given me, I agree to allow my name, educational record, scholarship application, and photo to be used by the University of Wisconsin Colleges and the UW-Barron County Foundation for publicity purposes. I also agree to allow the UW-Barron County Foundation to provide the donors of any scholarship I receive my name, email address, photo, personal data related to the scholarship criteria and a copy of the essay portion of this application. This release is valid for two years unless revoked by me in writing.

Electronic Signature

Date:

Please return your application and attachments by the deadline to: uwbcfoundation@uwc.edu (Subject: **SCHOLARSHIP**) or UW-Barron County Scholarships, 1800 College Dr, Rice Lake WI 54868.