

# ***GWEN WILSON MEMORIAL SCHOLARSHIP***

The purpose of this scholarship is to recognize someone who has participated fully in what the 4-H program offers youth.

## **Eligibility requirements**

Applicants must:

1. Be a resident of Shawano County.
2. Have been an active 4-H member for a minimum of seven years.
3. Must be at least a high school senior. Can also apply as a college or technical college student. (May receive this scholarship only once, but can apply multiple times)

This will be a \$600 scholarship paid by the earnings of the Gwen Wilson Endowment Fund and/or the Wilson Family.

Applicants will be judged utilizing the scorecard below:

<b>Selection Scorecard</b>	
1. Level and Completeness of 4-H Involvement	60 Points
2. Other Activities	20 Points
3. <u>Essay Question</u>	20 Points
<b>Total</b>	<b>100 Points</b>

Monies will be distributed to the chosen recipient when the following have been submitted to the UW-Extension Office at the address below:

- a. Grades from a semester of study at an accredited college or technical college with a Grade Point Average (GPA) of 2.5 or above on a 4.0 scale at that college and
- b. Proof of enrollment in the next semester

Send completed application to:

Shawano County 4-H Coordinator  
311 N Main St, Rm 109  
Shawano, WI 54166  
[terri.brunner@co.shawano.wi.us](mailto:terri.brunner@co.shawano.wi.us)

**Application Deadline: March 1**

## Gwen Wilson Memorial Scholarship

**This application is set up as a fill-in form. Please tab to get to the next field.**

Name of Applicant: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Name of High School Attended: \_\_\_\_\_

Class Rank: \_\_\_\_\_ *of* \_\_\_\_\_

High School GPA: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Name of College Attending: \_\_\_\_\_

Number of College Credits Completed: \_\_\_\_\_

College GPA: \_\_\_\_\_

Parents or Guardians Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

4-H General Leader's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Provide the Admissions Office address of the college you attend and contact where payment is to be made.

---

---

---





