

Application Process

The **Erik Pentz Memorial Scholarship Fund** has been established with the Clark County Community Foundation, Inc. (CCCF) and will annually award one scholarship to an eligible, qualified and selected Greenwood (WI) High School graduating student. For the 2017 Grant Cycle, the scholarship amount to be awarded is **\$300**.

To Apply:

1. Complete and submit the attached **Erik Pentz Memorial Scholarship Fund Application** form (pages 3-5) by March 31, 2017 to the Greenwood High School Guidance Counselor or the CCCF. Attach additional information as required or as necessary to complete the Application in its entirety.
2. **Primary selection criteria** will be based on the Applicant's ability to meet the following criteria:
 - a. Applicant is a current year senior, graduating from Greenwood High School, Greenwood, WI.
 - b. Applicant has maintained a grade point average between 2.0 and 3.0 (on a 4.0 scale) or equivalent throughout his or her final two years in high school.
 - c. Applicant has enrolled, or is in the process of enrolling, as a more than half-time student in a trade or technical education course of study at an accredited trade/technical school or 2-year university.
 - d. Applicant's enrollment is for attendance beginning in the summer or fall academic term within the current year of his or her graduation.
3. **Additional consideration** will be given to the Applicant's response to the following:
 - a. demonstrated ability to provide superior support and friendship to their peers and others,
 - b. participation in school and community activities,
 - c. demonstrated ability to have a relatively trouble-free high school career,
 - d. two (2) letters of recommendation – one from each of the following:
 - i. a Greenwood High School educator
 - ii. a non-family, adult community member,
 - e. completed essay (*no more than 250 words*) describing in their own words,
 - i. their most meaningful achievements,
 - ii. their willingness to provide superior support and friendship to their peers and others,
 - iii. a summary of their future goals and how this Scholarship will help support achieving these goals,



- f. a copy of the Applicant's most recent high school transcript, signed by the school's guidance counselor or principal.

Payment of award to the successful Scholarship Applicant:

- a. Once proof of enrollment to the trade/technical school or 2-year university (as stated in their application) is received from the successful scholarship recipient, payment will be mailed shortly thereafter.
 - b. This is a one-time scholarship award. Previous scholarship recipients are not eligible to receive additional amounts from this Scholarship Fund.
 - c. Scholarship awards are not retroactive and may not be credited to semesters already completed.
 - d. The successful applicant will be notified of their scholarship award in May, 2017.
4. Applications must be received by **March 31, 2017** at:

Greenwood High School
Attn: Guidance Counselor
306 West Central Ave
Greenwood WI 54437

OR

Clark County Community Foundation, Inc.
Attn: EPM Scholarship
301 N. Main St. PO Box 116
Loyal WI 54446



Erik Pentz Memorial Scholarship - Application Form

This scholarship was created in memory of Erik Pentz, a 1994 graduate of Greenwood High School. The Pentz family seeks to honor his memory by offering financial assistance to a student of modest academic achievement who has demonstrated his or her superior ability to provide support and friendship to peers and others, while also having a relatively trouble-free high school career.

Please print or type this Application. Attach additional pages and information as necessary and answering each question separately and in the order shown on this application.

Applicant Name: _____

Permanent Address:

Street _____

City/State/Zip _____

Contact Phone # _____

Date of Graduation from Greenwood High School: ____ / ____ / ____

Grade Point earned the final two years of high school (on a 4.0 scale)

Junior Year 1st Semester GPA _____ Junior Year 2nd Semester GPA _____

Senior Year 1st Semester GPA _____ Senior Year 2nd Semester GPA _____ (current)

Signature of Guidance Counselor or Principal _____

Submit a **TRANSCRIPT** (*unofficial accepted*) of your academic record. [See Item 8- pg. 5]

1. Which school do you plan to attend (as a more than half-time student)?

2. Field or Course of Study _____

3. Have you been accepted? YES NO

Term begins in: Summer 2017 Fall 2017

4. Why have you chosen to study this field of course of study?

5. Please list any school activities or community service efforts you have been involved in during your years in High School. [i.e. 4 -H, church, employment, scouting, clubs, sports, music, organizations, plays, musicals, or other activities].

	School Activity / Community Service Efforts	Describe what you did or participated in	Years Participated			
			9th	10th	11th	12th
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Provide **two (2)** letters of reference as follows:
 - One letter from an educator in the Greenwood (WI) School District,
 - One letter from a non-family, adult community member who knows you personally.
7. Prepare and attach an essay (no more than 250 words) describing:
 - i. Your (the Applicant) most meaningful achievements,
 - ii. Your willingness to provide superior support and friendship to your peers and others,
 - iii. A summary of your future goals and how receiving this Scholarship will help support your ability to achieve these goals.
8. Include a copy of your most recent high school transcripts.
9. Include any other information the Scholarship Committee should consider during the selection process.

ATTENTION: Incomplete or Late Scholarship Applications will NOT be considered.

I hereby agree to all the above criteria and I certify that all information for this scholarship application is true to the best of my knowledge. I understand that all decisions of the Clark County Community Foundation, Inc. are final and not subject to review or appeal. I further understand that any information provided in or with this Application Form may be shared with the Foundation's Board of Directors, officers and/ or scholarship committee members.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____
(If Student is under 18 years of age)

Completed Scholarship Applications must be received by **March 31, 2017** at:

Greenwood High School
Attn: Guidance Counselor
306 West Central Ave
Greenwood WI 54437

or **Clark County Community Foundation, Inc.**
Attn: EPM Scholarship
301 N Main St. PO Box 116
Loyal, WI 54446-0116

Email: information@clarkccf.org
Website: www.clarkccf.org
Phone: **715-937-6167**