



## Altrusa International of Green Bay, WI Inc. High School Scholarship Application

(Please type or print)

**Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**Address:** \_\_\_\_\_  
(Street, City, State, Zip)

**Date of Birth:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**E-Mail (optional):** \_\_\_\_\_

### Father (or Guardian)

### Mother (or Guardian)

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Number of brothers and sisters:** Older: \_\_\_\_\_ Younger: \_\_\_\_\_

**Name of High School:** \_\_\_\_\_

**Counselor or Advisor:** \_\_\_\_\_

**Name of School you Plan to Attend:** \_\_\_\_\_

**Intended Field of Study:** \_\_\_\_\_

**Are you applying for any other grants or scholarships? YES: \_\_\_\_\_ No: \_\_\_\_\_**

**If yes, please list:** \_\_\_\_\_

\*Scholarships awarded may impact your financial aid. Please check with your college financial office on this issue.

### Personal Statement:

Provide and attach a one-page type-written narrative explaining why you are applying for this scholarship. Include short and long-term goals, your financial need, and any

specific information that you would like the selection committee to consider in evaluating your application.



**List extra-curricular school activities including awards and honors, and offices held (Attach typewritten response on a separate sheet if needed)**

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**List your community service activities both voluntary and employment experiences. (Attach typewritten response on a separate sheet if needed)**

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I authorize the release of all information to the Altrusa Club of Green Bay. I certify that the information given on this application is true and complete to the best of my knowledge. I also request my high school to submit a copy of my transcript and other academic information to the Altrusa Club Scholarship Committee.

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(Applicant Signature)

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(Date)



**Counselor Comments:**

Please attach a copy of the student’s transcript. Please include the following information if it is not on the transcript.

**Student’s Class Rank:** \_\_\_\_\_ **Student’s Grade Point Average (GPA):** \_\_\_\_\_

**Test Scores:** ACT Composite: \_\_\_\_\_ SAT Verbal: \_\_\_\_\_ SAT Math: \_\_\_\_\_  
(If available)

**Comments (attach typewritten response on a separate sheet if needed):**

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\_\_\_\_\_  
(Counselor or Advisor Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Counselor or Advisor Name – *please print*)

\_\_\_\_\_  
(Phone/Email)

**Return documents by March 15, 2024 to:** Altrusa Scholarship Committee Chair, Attn: Lynn Herold, P.O. Box 5521, De Pere, WI 54115. Additional copies of this application and instructions are available on our website: [www.greenbayaltrusahouse.org/altrusa-club](http://www.greenbayaltrusahouse.org/altrusa-club). Click on Scholarships, then High School. The form cannot be completed online.