

Wyoming Elks Association

VOCATIONAL GRANT

Application Guidelines

Official Application Form

Application must be filed with the Elks Lodge of Jurisdiction on or before **March 1st of GRADUATION YEAR**

Name _____
First Middle Last

Present Address Permanent Address (Same _____)

Street or PO Box Street or PO Box

City – State – Zip City – State – Zip

Phone Home: _____ Cell: _____

Your Age _____ Date of Birth _____

Father / Step Father _____
Name Date of Birth

Telephone H: _____ C: _____ W: _____

Mother/Step Mother _____
Name Date of Birth

Telephone H: _____ C: _____ W: _____

The Wyoming Elks Association Vocational Grant Scholarship Awards are awarded upon the basis of good morals and character, scholarship achievement and financial need. Read this form carefully so that you understand what is required. Thoroughness in providing your information is essential in the evaluation of your application. **All information will be kept confidential.**

High School Information:

- (a) A copy of certified Transcript(s) is required
- (b) ACT / SAT Score
- (c) Name and Address of High School

MUST HAVE LOCAL LODGE ENDORSEMENT TO BE CONSIDERED FOR JUDGING

The Scholarship Chairman, Exalted Ruler or Lodge Secretary of the Lodge, with jurisdiction in which the applicant is a resident, must sign the Lodge Endorsement. Applications should not be endorsed if there is doubt as to the accuracy and/or validity of the information included.

Signed _____ Date _____
Lodge Scholarship Chair, Exalted Ruler or Lodge Secretary

Lodge Name _____ Number _____

LODGE PERSONNEL – Forward Applications to the State Scholarship Judging Committee, no later than March 15th, at the address provided.

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Employment: List jobs held during grades 9 through 12. List average hours per week worked during summer months and average hours per week during the school year.

| Employer | Type of work | Hrs/Wk Summer | Hrs / Wk School Year | Date Start and End |
|----------|--------------|------------------|-------------------------|-----------------------|
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Volunteer Work and Community Groups: List volunteer work and participation in community groups performed while in grades 9 through 12. List average hours per week worked during summer months and average hours per week worked during the school year.

| Type of Volunteer or Community Work | Hrs/Wk Summer | Hrs / Wk School Year | Date Start and End |
|-------------------------------------|------------------|-------------------------|-----------------------|
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From your daily classroom work or your extra-curricular activities in or out of school, what influenced you to seek a career in a vocational or technical field? Please explain.

How do you feel a career in a vocational or technical field will impact your future?

Is there anything else you would like the Selection Committee to know that might aid the consideration of your application?

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Vocational Grants are limited to students attending a two year or less vocational / technical program, culminating in an associate degree, diploma or certificate, but less than a baccalaureate program (Bachelor's Degree.)

| | |
|---------------------------------------|-----------|
| Institution you plan to attend: | Location: |
| Beginning Month: | |
| Field of Study / Major: | |
| Why are you interested in this field? | |

ANNUAL COST OF ATTENDING THE INSTITUTION YOU HAVE CHOSEN:

| | |
|-------------------------------|-----------|
| Tuition | \$ |
| Books and Fees | \$ |
| Room and Board | \$ |
| Transportation | \$ |
| Other (tools/equipment, etc.) | \$ |
| TOTAL | \$ |

| | |
|--|-----------------|
| Number of dependents claimed on your parents income tax return | |
| Are any of these siblings also attending college? (circle one) | Yes No |
| If yes, where: | |
| Parent/Step Parent monthly rent or mortgage payment: | \$ |
| If married, your monthly rent or mortgage payment: | \$ |

All the information above, including attachments, constitutes my application for the Vocational Grant Scholarship, and is true and correct to the best of my knowledge and belief. If awarded the scholarship, I agree to abide by all of its requirements. As the applicant, I understand that all information furnished to the Selection Committee shall be confidential.

Applicant Signature: _____ Date _____

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Counselor Report

Applicant: Fill out your name and give this page to your Counselor/Advisor. This section should be returned to you for inclusion with your application in a sealed envelope. It may be contained within the same sealed envelope with your Transcript & ACT/SAT scores.

Student Name: _____
Last First Middle Initial

Counselor: This form will be used to verify the student's academic status. If your school has a policy of not ranking students, provide information to help us identify promising applicants. Please secure this and the copy or the Student Transcript & ACT/SAT (include your personal letter of recommendation if you wish) in a sealed envelope, signed across the seal, and returned to the student for inclusion in the scholarship application.

Applicant's grade point average: _____ **(required)**

Highest GPA in the Graduating class? _____

Is the GPA based on weighted grades? yes _____ no _____

Class rank: The applicant ranks _____ in a class of _____

Is the class rank based on weighted grades? yes _____ no _____

Applicant's highest composite scores (if not included with transcript) SAT _____ ACT _____

How would you describe this applicant's academic program?

Below Average ___ Average ___ Above Average ___ Rigorous ___ Most Rigorous ___

Counselor's/Advisor's comments: (If more room is required, please attach sheet(s) with this report).

Name (please print) _____ Position _____

Length of time associated/acquainted with applicant _____

Signature _____ Date _____