

# Warner Area Community Foundation

## Scholarship Application



The **Warner Area Community Foundation** is a supporter of people, projects, and programs within our community that improve the quality of life in our area.

The Foundation is offering this scholarship opportunity to current seniors of Warner High School and/or Non-Traditional students who reside in the Warner-Stratford-Mansfield area.

### **ELEGIBILITY**

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1. Scholarships are limited to Warner high school seniors and non-traditional students who live in the Warner-Stratford-Mansfield area, who are planning to attend any post-secondary institution, vocational or trade program.
2. Essay questions will be evaluated to determine applicant's view of community involvement.
3. Applicants show determination for classroom academic achievement, with a 3.0 GPA or higher.
4. No candidate shall be denied being recipient of a scholarship on the basis of race, creed, sex, religion, national origin, or any other basis which is prohibited by Section 501 (C) (3) of The Internal Revenue Code.

### **PLEASE NOTE: A Completed Application includes:**

- **Warner Area Community Foundation Scholarship Application**
- **High School Transcript with GPA and ACT/SAT scores**
- **Personal statement about applicant's career aspirations**
- **2 Letters of Recommendation**

### **APPLICATION DEADLINE**

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Completed applications including the letter of recommendation must be turned in no later than **April 1<sup>st</sup>**. Applications can be turned into the School Counselor's office at Warner High School no later than 3:30 p.m. on April 1<sup>st</sup>. **Applications received after this date will not be considered.**

If mailing the application, please send to the address below. Again, applications must be received by April 1<sup>st</sup> in order to be considered for this scholarship.

**Attn: Warner Area Community Foundation Scholarship  
Bank North  
2 Main St. West  
Warner, SD 57479**

1. **Name in full:** \_\_\_\_\_
2. **Address (street or box):** \_\_\_\_\_  
(city, state, zip code): \_\_\_\_\_
3. **Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_
4. **Email address:** \_\_\_\_\_
5. **Parents'/Guardians' name(s):** \_\_\_\_\_
6. **Post-Secondary School you plan to attend this fall:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number of Financial Aid Office: \_\_\_\_\_
7. **Major:** \_\_\_\_\_
8. **Minor or area(s) of concentration:** \_\_\_\_\_
9. **SSN or Student ID:** \_\_\_\_\_

**\*\* Attach High School transcript with GPA and ACT/SAT scores \*\***

*By signing this application, I give permission to the Warner Area Community Foundation to publicize my scholarship award if chosen as the recipient.*

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Scholarship awards will be sent directly to the student's chosen college/university. Recipient must provide the Warner Area Community Foundation office with verification of collegiate registration for scholarship payment.

**Provide evidence of your school activity participation, community involvement, achievements, and leadership skills supporting your application**

**School Activities:**

**Community Activities:**

**Significant honors, awards and accomplishments that you have received:**

**Leadership position and offices held:**

**Essay Prompt: Why is it important to be involved in your community?**

Letters of Recommendation are due to the WHS School Counselor's office by April 1<sup>st</sup>.  
**Failure to receive this information by the scholarship deadline disqualifies the applying student.**

**Warner Area Community Foundation  
% Bank North  
2 Main St. West  
Warner, SD 57479**

**WARNER AREA COMMUNITY FOUNDATION SCHOLARSHIP APPLICATION LETTER OF RECOMMENDATION**

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

The person named above is applying for the Warner Area Community Foundation Scholarship. A description of the characteristics and abilities of this applicant would provide supplementary information to the Scholarship Committee.

Please briefly explain, how long and in what capacity have you known the applicant?

\_\_\_\_\_  
**PLEASE INDICATE BELOW, OR ON A SEPARATE SHEET OF PAPER, OR ON THE REVERSE OF THIS FORM, WHY YOU WOULD RECOMMEND THIS PERSON TO BE A DESERVING RECIPIENT OF THE WARNER AREA COMMUNITY FOUNDATION SCHOLARSHIP.**

Signature: \_\_\_\_\_

I can be reached at: Phone \_\_\_\_\_ Email \_\_\_\_\_

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