

Intended College Major _____ Intended Career _____

Colleges Applied To	Have you been accepted?	Which school do you plan to attend or rank if undecided.

FINANCIAL INFORMATION

Jobs you have held	From (month/year)	To (month/year)

Complete with parent/guardian input:
 What percentage of your schooling cost do you expect to cover with scholarships? _____
 What percentage of your schooling cost do you expect to cover with loans? _____
 What percentage of your schooling cost do you expect to cover through family support? _____
 What percentage of your schooling cost do you expect to cover through personal savings? _____

Please list any other scholarships, state and college aid, and student loans have you applied for:	Granted?	Amount Granted, if applicable

I hereby certify that information given in this application is accurate and complete to the best of my knowledge. I understand that misrepresentation in any statement may be considered reason for disqualification and/or repayment of any scholarship. If I am awarded a scholarship, I agree to abide by all requirements and responsibilities of the award.

By checking this box, I give ThedaCare Medical Center Appleton (TCA) Volunteers my permission to use my photograph and any general, non-financial information in this application for scholarship publicity purposes, including the TCA Volunteers' print, electronic, internet and social media communications.

 Applicant's Signature Date

Required: _____
Parent's Signature Date

Please return completed application, and the items listed on page 1 by **4 p.m. on Friday, March 15, 2024 to:**
 TCA Volunteer Services
 1818 N Meade Street
 Appleton, WI 54911

Note: Double check that your transcript is an *OFFICIAL* transcript.