

WIZARDS OF RODS
MEMORIAL SCHOLARSHIP
INFORMATION SHEET

Scholarship Amount (1) \$300

Date to be returned by Applicant - **March 11, 2021**

The Wizards of Rods determine scholarships based on previous grades, financial need and course selection. Courses taken do not need to be accredited. Applicant can apply if used for night school, technical school or trade school courses as well as college colleges. Students can re-apply for each year.

Wizards of Rods will return all applications with a yes or no reply by **May 1, 2021** Applicants High School should reside within 60 mile radius of Mauston, WI

Prefer applicant be in automotive related field but this scholarship is not limited to automotive field.

Scholarship is presented at our Car Show Sunday, June 20, 2021 at awards ceremony at Jellystone Park, Warrens WI.

WIZARDS OF RODS
MEMORIAL SCHOLARSHIP
APPLICATION

Name of applicant _____

Street Address _____

City/State/Zip _____

Telephone number (_____) _____ - _____

Permanent address if different from above _____

City/State/Zip _____

Name of High School or College you are currently attending _____

High School or College address _____

City/State/Zip _____

High School or College telephone number (_____) _____ - _____

***Name of program to be taken in college** _____

High School Graduation Date _____

College Graduation Date: _____

Length of program: _____ 1 year _____ 2 years _____ 3 years _____ 4 years

Current year in program _____

What are your career goals? _____

Do you have a plan of action to attain these goals: _____ If so, please give a brief description _____

Please explain your reasons for requesting this scholarship. Specify any circumstances that warrant consideration (Financial needs, previous G.P.A. etc)

Is the student employed ____yes ____no

Employment Income _____

Please provide a transcript to verify the following items:

High School Grade Point Ave _____

College Grade Point Ave _____

Please provide a written recommendation from one of your instructors stating reason why he/she believes you should receive this scholarship.

Please read and sign:

I certify that all information is, to the best of my knowledge, true and correct; and I authorize the Wizards of Rods, Inc., to obtain information to verify my eligibility for scholarships from my academic records and transcripts.

Applicant's Signature _____ Date _____

If applicant is under the age of 18,

Parent or guardian signature _____ Date _____

Please return applications to: **Wizards of Rods Inc., Attn: Scholarship Committee, P. O. Box 182, Mauston, WI 53948. Must be post marked by no later than March 11, 2021.**

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