



## JACK L. WALLICK MEMORIAL SCHOLARSHIP APPLICATION

This application is for a four-year scholarship of up to \$2,500 per year to help defray the cost of college or a technical school for students who live in a housing community owned by Wallick Communities. This scholarship has been established in memory of Mr. Jack L. Wallick, founder of the Wallick Companies, who was passionate about youth, education, and his community. The endowment fund supports the humanitarian efforts of Mr. Jack L. Wallick to build a better future for people of all walks of life.

### SECTION I – PERSONAL INFORMATION

Name: \_\_\_\_\_ Social security number: \_\_\_\_\_

Property: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Female  Male

Have you received a Jack L. Wallick scholarship in the past?  Yes (complete the RENEWAL application)  No

### For applicants under 18 year of age

Parent/Guardian: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

### SECTION II – EDUCATIONAL BACKGROUND: HIGH SCHOOL/GED

Select the academic status that applies to you:

- Current high school senior       High school graduate       GED Recipient       Other: \_\_\_\_\_

High school attended: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Dates of attendance: From: \_\_\_\_\_ To: \_\_\_\_\_

List award(s), honor(s), and achievement(s): \_\_\_\_\_

Final GPA: \_\_\_\_\_

