



**SCHOLARSHIP APPLICATION      DUE DATE: April 11, 2025**

**Personal Information**

<b>Name: Last, First, &amp; Middle</b>	Date of Birth
<b>Permanent Address: Number, Street, City, &amp; State</b>	Home Number
<b>Personal Email Address (not affiliated with your high school)</b>	Cell Number
<b>Name and Address of High School</b>	
<b>Name and Email of High School Counselor</b>	

**Family Information**

Number of Dependent Children Living at Home
Parents/Caregivers Names and Occupations

**Social and Academic Awards/Endeavors throughout your high school career:**

School Activities	Community Activities

**School or Community Awards, Honors, or Recognition throughout your high school career:**

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**Colleges Applied To:**

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**Special Circumstances (e.g. advantages, hardships, or special needs):**

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Please submit the following with your application via email:

- a. A letter of recommendation from a counselor, school administrator, community service organization or church.
- b. A high school transcript
- c. A minimum 250-word, autobiographical essay focusing on a turning point in your life **or** an essay on the person who has influenced you the most and how.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please submit the application no later than April 11, 2025, via email (wabse@wabseny.com)**  
**No application will be considered after this date.**

**\*\*Awards will be distributed once scholarship winners email the following:**

1. **Proof of enrollment** in the form of **one** of the following (**deadline December 1, 2025**):
  - a. Completed Enrollment Verification form from the Registrar at the institution
  - b. A copy of the Full-time Course Registration for the Fall, including your name and the name of the institution
2. **Information for one of these methods of payment:**
  - a. The mailing address where WABSE can send a check via USPS
  - b. ACH transfer; name of the bank, name on the account, routing number and account number