

 Sterbenz-Ryan Scholarship Application
 *2019*

The Sterbenz-Ryan Scholarship was established in 2016 in memory of local businessmen Richard Sterbenz and Martin Ryan who wanted to “***give kids like them a shot at life they never had”***. Between 85-100 scholarships in the amount of $1,500 will be offered to eligible students. The following scholarship opportunities are intended to assist traditional and non-traditional students who otherwise may not have the opportunity to attend a post-secondary school due to financial constraints.

**\*\*\* The application must be received by March 30, 2019. Applicants will be notified in May 2019.**

Please select only ***ONE*** of the following options. I am a:

1. ( ) Somerset or Hudson High School graduating senior seeking an in-state (WI) two-year

 community/junior college or vocational/technical school.

1. ( ) Graduating senior or non-traditional student seeking a scholarship to attend a WI or MN

post-secondary public school (technical, community or university) of my choosing; Must reside in one of the following counties: Burnett, Pierce, Polk, St. Croix (in WI) or Chisago or Washington (in MN).

1. ( ) Non-traditional student seeking a scholarship to attend one of the following institutions

 *only*: Metropolitan State University, Century College or WITC.

1. ( ) Previous scholarship recipient seeking to reapply.

Please type or write legibly. Incomplete applications will not be accepted.

**Submit this application, (2) letters of recommendation on letterhead (for example, one from an employer and one from an educator; cannot be a family member), along with required transcripts to:**

 Scholarship Services telephone: 715-386-9490

 The St. Croix Valley Foundation fax: 715-386-1250

 516 Second Street, Suite 214 email: hherron@scvfoundation.org

 Hudson, WI 54016

1. **Applicant:**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City, State, Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (over)

1. **Please indicate the post-secondary school you will be attending in the *fall of the year* in which the**

 **scholarship is awarded.** High school transcripts must be included if you have graduated high school in

 the past 2 years. If applicable, a copy of transcripts for all post-secondary education (college or technical)

 MUST accompany this application.

Post-secondary school:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\_\_\_\_\_* *2-yr Community/Junior College \_\_\_\_\_ Vocational/Technical School ­­\_\_\_\_\_ Public University*

Planned major or course of study:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated graduation date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year in school in the fall:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently enrolled as a full-time post-secondary student? \_\_\_\_ yes \_\_\_\_ no

Will you be enrolled as a post-secondary student in the fall? \_\_\_\_ yes \_\_\_\_ no

1. **Tell us about yourself. Please limit *each answer* to 500 words or less. Attach answers to this application.**
2. **Life Circumstances:** Explain any special circumstances, hardships, or obstacles you have encountered.
3. **Work Experience:** Describe your work experience during the past four years. Indicate company, dates of employment and positions held.
4. **Goals:** Describe your goals and aspirations as they relate to your education and career objectives.
5. **Need**: Please explain why you want and need this scholarship.

***NOTES*:**

Scholarship recipients are selected based on life circumstances, work experience, educational/career goals, need and letters of recommendation. Awards are granted without regard to race, religion, gender, sexual orientation, disability or national origin. Scholarship funds are made payable directly to the recipient’s educational institution in accordance with IRS regulations. To reapply the following year, past scholarship recipients must maintain a 2.0 or higher and submit transcripts to be considered for a repeat scholarship. Questions? Please contact Heidi Herron at the St. Croix Valley Foundation (hherron@scvfoundation.org) or by calling 715-386-9490. Thank you!

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Applicant Signature Date

 (END)