

4455 W. Lawrence St. | Appleton, WI 920.830.1290 | info@cffoxvalley.org | www.cffoxvalley.org

Haley A. Apple Memorial Scholarship

Haley Apple was truly an amazing person inside and out. She believed in making everyone feel welcome and loved at school. Helping others was very important to her, and every chance she got, she would do just that. Haley's family and friends will always remember her for her smile and her beautiful voice. She felt that secondary education was very important and wanted to attend Fox Valley Technical College for an associate degree in event planning. She also wanted to get a degree in Cosmetology. Haley loved the outdoors, country music, family, friends, hunting and of course animals. Haley's life was sadly cut short in January of 2019, at the age of 17, due to a car accident. She inspired her friends and family to give back and continue what she started. This scholarship was created in memory of someone who will truly never be forgotten. Live every day to the fullest and always remember to make Haley proud!

Eligibility:

Graduating seniors from Shiocton High School who have demonstrated the following:

- Minimum cumulative 3.0 GPA
- Seeking a Bachelor, Associate or Technical/Trade Certificate
- Preference would be to support a student who would truly benefit from financial assistance
- Participation in extra-curricular school and community activities

Award Amount:

Two \$500 non-renewable scholarship awards for tuition expenses after successful completion of the first semester of post-secondary school while obtaining a 3.0 GPA.

Selection:

Recipients are selected each spring by the Shiocton High School principal and guidance counselor along with one family member. Notification of the winner will be forwarded to the Community Foundation for the Fox Valley Region.

The application packets **must** include:

Complete application (complete as a 'save as' through Adobe Acrobat or
Adobe Reader – do NOT use Apple's Preview)
Grade transcript

Application Due Date: April 15

Return completed application to the Shiocton High School Guidance Office.



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APPLIC	CANT INFORMATION					
Name: _			Gender:	Female	Male	Other
Address:						
City:			_ State: Zip:			
Home Phone:			Cell Phone:			
Email: Date of Birth:						
GPA:	GPA: Graduation Date:					
Intended Major:						
Educatio	onal institution you plan to	attend in the	fall (Name,	City & Stat	:e):	
	Name of School	City	S	itate	Have you been accepted? Please answer: Yes or No	If No, when do you expect to be notified.
First Choice						
Second Choice						
Third Choice						

TUITION EXPENSE STATEMENT

Provide your projected tuition expenses, how you plan to pay for school, and any unusual financial obligations or circumstances that may affect your ability to pay for schooling.

ESSAY QUESTION

Please submit a short essay telling the committee about yourself, your career plans, why you have chosen the field of work you plan to pursue, and how the scholarship will help you to obtain your career choice.

COMMUNITY SERVICE (Attach additional sheet if necessary.)

 $List\ volunteer\ work\ or\ community\ service\ you\ performed, without\ pay, starting\ with\ the\ most\ recent.$

Please list approximate total hours of work/service, not average hours per week.

Name of Organization	Dates of Participation	Type of Work/Service	Total Hours of Work/Service

EXTRACURRICULAR ACTIVITIES INVOLVEMENT (Attach additional sheet if necessary.)

List your extracurricular activities involvement, starting with the most recent.

Activity	Dates of	Specify Leadership Position Held,
	Participation	Awards and Honors

		sheet if necessary.)		
List jobs and type of work y Name of Employer	Dates of	Type of Work	Hours worked	
	Employment		per week	
THER SCHOLAR	SHIDS			
st all scholarship for whic				
ame of Scholarship		Annual Amount (indicate over how many years)	Status: unknown, approved, declined	
		,,,,,	3/2/22 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
ederal, state and local la o support individuals. In	aws governing commu n accordance with IRS r ttees appointed to assis	Region's scholarship funds are adm nity foundations and IRS regulation ules, eligibility criteria will be object st the Foundation in reviewing appl	s applicable for making gra iive and nondiscriminatory,	
Application Certification hereby certify that the smowledge. I understand and/or repayment of an esponsibilities of the aventh the application could the scholarship(s) will be	n: information given in th d that misrepresentation y scholarship. If I am aw vard. I understand that, become available to th e taxed as ordinary inco	is application is accurate and compon in any statement may be conside varded a scholarship, I agree to abid , should I be named as a scholar, any se public. I further understand, that some if used for purposes other than by/newsroom/tax-benefits-for-educ	ered reason for disqualificati e by all requirements and y non-financial information according to federal tax law qualified education expens	
applicant's Signatu	re:		Date:	

(Typed Name)