

# 2021 STUDENT APPLICATION

## Vernon J. Hellenbrand Memorial Scholarship

### ELIGIBILITY GUIDELINES

Graduates from Dane County schools are invited to apply for this scholarship.

The applicant must be eligible for admission to an accredited technical school, college, or university where the student will pursue courses studies toward an Associate or Bachelor's degree in business, finance, or entrepreneurship.

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### TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES.

Completeness and neatness ensure your application will be reviewed properly. APPLICATION POSTMARK DEADLINE IS APRIL 30, 2021.

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#### APPLICANT DATA

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Permanent Home Mailing Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

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#### PARENT OR GUARDIAN INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ Is the applicant a dependent of the parent?  Yes  No

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#### HIGH SCHOOL DATA

School Name \_\_\_\_\_ High School Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone No. \_\_\_\_\_

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#### POST-SECONDARY SCHOOL DATA

School Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

School Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

4 Yr. College or University  2 Yr. Community or Junior College  Vocational-Technical School

Other, explain \_\_\_\_\_

Year in School Next Year:  1  Other, explain \_\_\_\_\_

Major or course of study \_\_\_\_\_ Expected College Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Degree sought:  Bachelor  Associate  Certificate  Other, explain \_\_\_\_\_

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## ESSAY (REQUIRED)

Describe the reasons you are pursuing course studies in business, finance, or entrepreneurship. Type your essay on 8.5"x11" paper, double spaced, with your name, address, and "Vernon Hellenbrand Memorial Scholarship" at the top. **Limit your essay to 500 words.**

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## RECOMMENDATIONS (REQUIRED)

**Please submit the following:** Letters of recommendation from a business person or community leader, and from a teacher or school administrator. Include your name, address, and "Vernon Hellenbrand Memorial Scholarship" at the top of your recommendation letters.

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## TRANSCRIPT INFORMATION

1. An official high school transcript of grades must be sent with this application. Online transcripts and grade reports are not acceptable.

(A clear explanation of the high school's grading scale must also be submitted.)

2. In addition, this section should be completed by the appropriate school official:

Cumulative Grade Point Average—Weighted: \_\_\_\_\_ /4.0 scale, Unweighted: \_\_\_\_\_ /4.0 scale

SAT: Verbal/CR \_\_\_\_\_ Math \_\_\_\_\_ ACT: English \_\_\_\_\_ Math \_\_\_\_\_

School Official's Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ Phone No. \_\_\_\_\_

School Official's Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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## APPLICATION CHECKLIST

The student is responsible for submitting all materials on time. *Incomplete applications will not be evaluated.* This application becomes complete and valid only when you have submitted all of the following materials:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Student Application   | <input type="checkbox"/> Essay  | <input type="checkbox"/> Letter of recommendation from a teacher or school administrator |
| <input type="checkbox"/> Letter of recommendation from a business person or community leader | <input type="checkbox"/> Current, complete transcript(s) of grades (including grading scale).<br>Online transcripts are not acceptable. |  |

## POSTMARK DEADLINE IS APRIL 30, 2021.

All materials, including transcript, must be addressed to:

Junior Achievement of Wisconsin, Dane County  
2800 Royal Ave, Suite 207  
Monona, WI 53713

Or email [dane@jawis.org](mailto:dane@jawis.org)

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## CERTIFICATION

Research Products Corporation, Dane County has the sole responsibility for selecting recipients. This application and essay become the property of Research Products Corporation (it is recommended that you keep a copy for your files).

I acknowledge decisions of Research Products Corporation, Dane County are final. I certify that I meet the basic eligibility requirements of the Scholarship and will attend post-secondary school and that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to provide proof of information I have given on this form. Falsification of information may result in termination of any scholarship granted.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_