

POST WIXSON SCHOLARSHIP

POST HIGH SCHOOL GRADUATION

DUE APRIL 3rd

(RETURN TO YOUR HIGH SCHOOL COORDINATOR)

NAME -----

PHONE # -----

SOC SEC # -----

CELL # -----

HOME ADDRESS -----

E-MAIL -----

CITY -----

STATE ----- ZIP -----

SCHOOL LAST ATTENDED: -----

PLANNING TO ATTEND: -----

YEAR OF HIGH SCHOOL GRADUATION: -----

WIXSON SCHOLARSHIP AMOUNT PREVIOUSLY RECEIVED: \$ -----

CREDIT HOURS TAKEN IF APPLICABLE: -----

CREDIT HOURS COMPLETED IF APPLICABLE: -----

COLLEGE ACTIVITIES OR COMMUNITY SERVICE IN THE PAST YEAR:

SUMMER PLANS FOR EMPLOYMENT OR CONTINUING EDUCATION:

PLEASE ATACH CURRENT TRANSCRIPTS OR APPLICABLE PROGRESS TOWARD
COMPLETION OF YOUR CHOSEN CAREER.

SIGNATURE

DATE