



DEPUTY TODD WIDMAN MEMORIAL SCHOLARSHIP

In honor and remembrance of the ultimate sacrifice to Brown County



To be considered for this one time scholarship
you must fill out this form **completely** including essay and letters of reference.

STUDENTS FULL NAME: _____

GRADE POINT AVERAGE (GPA) _____ CLASS RANK _____

I. PERSONAL INFORMATION

Address _____, City _____

Address of parent/guardian if different from above: _____

Are you currently certified in First Aid/CPR and AED? YES NO

How many people are supported by your parents/guardian? Include parents in number _____

How many people in your family will be in college or other special training next year? _____

Parents'/Guardians' Occupations:

Mother: _____

Father: _____

Your present occupation (if employed)? _____

If you are employed, how many hours a week do you work? _____

II. COLLEGE INFORMATION:

The Scholarship check will be made out directly to the university, college or vocational school
you have chosen to attend. Please list below.

Have you been accepted to this school? YES NO

Have you taken any college classes while attending high school? YES NO

If so list classes: _____

What do you plan to major in and why? _____

APPLICATION MUST BE RETURNED TO SCHOOL COUNSELOR BY APRIL 17, 2020 AT 4:00PM.

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III. ESSAY

The essay gives scholarship reviewers an opportunity to get to know you by the way you address the topic. Attach a typed, double-spaced essay of no more than 500 words on the following:

Deputy Widman gave his life protecting and serving the citizens of Brown County. In your own words, tell us why it is important to have Law Enforcement in our society today.

IV. ACTIVITIES SHEET

On a separate sheet of paper, list all school and community activities in which you have participated during your high school years. Please list any awards, certificates or achievements attained.

V. REFERENCES

Please provide 3 letters of reference from individuals (Not family members) who have known you. Please use the attached sheets to provide to references for their use.

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LETTER OF REFERENCE

(To be completed by each reference provided)

Name of reference: _____

Address: _____

Telephone/Cell #: _____

Person you are recommending: _____

1. How long have you known this person? _____

2. How will this scholarship benefit the student? _____

3. Additional comments: _____

Signed: _____

Date: _____