



WISCONSIN SOCIAL SERVICES ASSOCIATION SCHOLARSHIP APPLICATION

County: _____

PERSONAL DATA

Name: _____

Home Address: _____

Home Phone #: _____ E-mail: _____

Employed by: _____

Position: _____ Number of Years: _____

Work Address: _____

Work Phone #: _____ Work Fax #: _____

Work E-mail: _____

Names & Ages of dependent children _____ (optional)

Marital Status _____ (optional) Wisconsin Resident? Yes No How many years: _____

Current WSSA Member: Yes No How many years: _____

EDUCATIONAL PLANS

Name of school you are attending or plan to attend: _____

Address: _____

Have you applied and been accepted for admission? Yes No

Number of Credits _____ Graduate or Undergraduate _____

What is the approximate total expected cost of your intended education? \$ _____

How do you plan to finance your education? *(please list all scholarships, grants, awards, agency reimbursement, etc.)*
