

## 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.)



REFERENCES:	Please attach two letters (other than relatives) of recommendation.
Please explain wheasons for apply	hy you are interested in continuing your career in the field of human servicesyou're your ing for this scholarship. (limit to one page please)
	Date:
	(Please include a copy of your current WSSA Membership Card)