

2024 SPEF Scholarship Application

Sheboygan Public Education Foundation (SPEF)
605 North 8th Street Suite 214
Sheboygan, WI 53081

(Application MUST be Typed & Signed (Handwritten) By Student and Parent/Guardian)

Name
(Last) (First) (Initial)

Student's **School Email** (to contact student during senior year)

Student's **NON-SCHOOL Email** (to contact student after graduation)

Address City Zip Student ID#

Parent/Home Phone Number Student Cell Number Counselor

**** COLLEGES YOU APPLIED TO**

<input type="text"/>	Accepted	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Plan To Attend	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="text"/>	Accepted	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Plan To Attend	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="text"/>	Accepted	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Plan To Attend	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Comments (Wait List, etc.)
** Intended Major:

Local Elementary School and Number of Years Attended:
Local Middle School and Number of Years Attended:

Father: Employer:
Mother: Employer:

Did Either Parent Attend College/University/Technical College? Yes No Some scholarships are for first generation college students

Parents: Divorced Separated Deceased You live with:

Brothers and/or Sisters Living at Home

Name:	Age:	School/Occupation	Name:	Age:	School/Occupation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Parents' / Legal Guardians' Financial Statement from Previous Tax Year Federal Tax Form

Please complete this section using information from parents'/guardians' **2022** Federal Tax Return. (2022 is used because many people may not have completed their 2023 taxes prior to the due date of this application. This way we are comparing the same information for all.) If a Joint Tax Return was filed, use the Adjusted Gross Income (AGI) submitted to the IRS, even if it included step-parents. In the box at the bottom of this page, please include a statement regarding any unusual expenses due to medical needs, disability, change in employment, or other circumstances impacting family finances.

Custodial Parents' AGI: \$ Non-Taxable Income: \$ From: Social Security 529 Account Child Support

Student's Savings: \$ Non-Custodial Parents' AGI: \$ Total number of family members living at home

Number of dependents in your parents' family/home (excluding you) Number attending college (including you)

Please specify any changes in parents' income level due to medical disability, employment, or other (500 character limit):

Student Activities Profile

Extra-Curricular Activities	Grade(s) Participated and Number of Years	Leadership Positions (if any)

Awards / Year Presented	Awards / Year Presented (Continued)

Community Activities	# Years Participated	# Hours Committed	Leadership Positions (if any)

Work Experience/Position	Dates of Employment

Disclaimer and Signature

Scholarship recipients should be aware that donors may rescind their award if information including, but not limited to, any photos, social media posts are brought to the donor’s attention that may reflect negatively on their family/business/or themselves. “Thank You” card /Letter of acceptance/appreciation to donors is REQUIRED before scholarship monies are released. All donor’s decisions are final.

In order to respect the rights of all students, it shall be the policy of The Sheboygan Public Education Foundation to not discriminate on the basis of race, color, religion, national origin, ancestry, creed, pregnancy, marital status, parental status, sexual orientation, sex, (including transgender status, change of sex or gender identity), or physical, mental, emotional, or learning disability (“Protected Classes”) in any of its student program or activities. Recipient of a scholarship must be enrolled full time (12 credits or more) and attending an institution of higher education by October 15 following graduation. The award is conditioned upon applicants satisfying certain criteria, to include in some instances restrictions upon the location of the college or university, which the applicant will attend. The Sheboygan Public Education Foundation must be advised of any change concerning the college or university at which an applicant intends to enroll. Notice must be provided in writing to The Sheboygan Public Education Foundation as soon as possible.

Parent & Student Handwritten Legal Signatures must be in black or blue ink on this page. Authorization is granted to The Sheboygan Public Education Foundation to release any information on this application to The Sheboygan Public Education Foundation and outside scholarship committees.

I attest that the information on this local scholarship application is accurate to the best of my knowledge and any falsehoods may rescind the scholarship award(s).

Signature of PARENT	Date	
Signature of STUDENT	Date	

SPEF DEADLINE:	NO LATER THAN 4:00 P.M. ON FRIDAY, FEBRUARY 23, 2024 LATE, INCOMPLETE, OR HAND-WRITTEN APPLICATIONS WILL NOT BE ACCEPTED
RETURN this application to:	<ul style="list-style-type: none"> The Sheboygan Public Education Foundation 605 North 8th Street, Suite 214, Sheboygan, WI 53081 Drop Box In The Door or Applications "postmarked" February 23 ,2024 or earlier WILL BE ACCEPTED