

306 S. Barstow St., Suite 104 Eau Claire, WI 54701 715.552.3801 www.eccfwi.org info@eccfwi.org

Laura Graul Memorial Scholarship Fund A Fund of the Eau Claire Community Foundation (ECCF)

This purpose of the Laura Graul Memorial Scholarship Fund is to award scholarships to graduating Independence Public School seniors. Each scholarship supports the education of a student who is pursuing a degree in a different category: performing arts, sports/athletics, and agriculture.

The Fund will award three \$1,000 scholarships each year. Graduates who plan to attend either a two-year, or a four-year post-secondary educational institution are qualified to apply.

ECCF will issue the scholarship award after the student successfully completes one semester of college coursework. Transcripts are required for first semester and should be submitted to ECCF. Additional information will be provided to the recipient of the scholarship once it is awarded. The scholarship payment will be processed according to ECCF's Scholarship Policy and will be credited to the student account to offset the cost of tuition and fees; books, supplies, and equipment required for your courses at this institution; and room and board.

Students who would like to mail a thank you letter for their award may send them to:

Laura Graul Memorial Scholarship Eau Claire Community Foundation 306 S. Barstow St, Suite 104 Eau Claire, WI 54701

For more information, please contact ECCF at office@eccfwi.org or by phone at 715-552-3801.



Laura Graul Memorial Scholarship Fund Application - Athletics

IMPORTANT NOTE: Please ensure all sections are complete, as incomplete applications may not be considered.

STUDENT CONTACT INFORMATION
Last Name, First Name M.I.
Address
City, State, Zip
Email Address
Phone Number
Name of High School
STUDENT ACADEMIC INFORMATION
Cumulative GPA
ACT and/or SAT Score
Intended Degree
Intended College
Acceptance Status Accepted Pending Have not applied Denied
Major Field of Study
Anticipated Occupation
FAMILY INFORMATION
Mother's/Guardian's Name
Address
City, State, Zip
Employer
Job Title/Position
Father's/Guardian's Name
Address
City, State, Zip
Employer
Job Title/Position



Please attach your responses to the following questions.

1. Extracurricular, Community Service, or Employment Experience

Please attach a resume that includes your participation in extracurricular activities, community service, and employment history to your application.

2. FAFSA-SAR (preferred but not required)

Please attach the first page of your FAFSA-SAR in PDF format.

3. Financial Plan

Describe your financial need and how you plan to fund your post-secondary education. (250 words or less)



4. Essay

Describe how you've demonstrated your commitment to athletics, and explain how you plan to continue this commitment in the future (500 words or fewer).



5. Authorization to Publish Scholarship Recipient Name

If selected as a recipient of this scholarship, ECCF may publish a press release congratulating scholarship recipients in the area, which may include your name. If you would prefer to remain anonymous, please indicate your preference by selecting one of the options below.

____ I give permission to ECCF to publish my name. ____ I prefer to remain anonymous.

6. Signatures

By signing below, I verify that the information in this scholarship application is accurate to the best of my knowledge, and I understand that it will be considered during the scholarship selection process.

STUDENT SIGNATURE:

DATE: _____

PARENT/GUARDIAN SIGNATURE (If student is under 18):

DATE: _____