



**RAPS DOC Scholarship Fund**  
**A Fund of the Eau Claire Community Foundation (ECCF)**

This Scholarship Fund was established in honor of Ruth Ann Patricia Sackett and Dr. Duane Harry Joseph Sackett. It helps graduates of Independence High School finance their post-secondary educations. Through this Fund, the Sacketts' legacy will live on forever.

This Scholarship awards two scholarships: One \$1,000 scholarship and one \$500 scholarship each year. It helps graduates of Independence High School finance their post-secondary educations. 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 the 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:

RAPS DOC Scholarship Fund  
Eau Claire Community Foundation  
7 S Dewey St., Suite 200  
Eau Claire, WI 54701

For more information, please contact ECCF at [office@eccfwi.org](mailto:office@eccfwi.org) or by phone at 715-552-3801.





## RAPS DOC Scholarship Application

**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 respond to the following questions:**

**1. Resume Attachment**

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

**2. Extracurricular, Community Service, or Employment Experience**

Describe what you find most rewarding about your participation in one of your extracurricular activities, community service, or employment (250 words or less).



**3. FAFSA-SAR** (*preferred but not required*)

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

**4. Financial Plan**

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



## **5. Essay**

Explain why you're interested in your chosen career. How do you envision incorporating this interest into your future career? (500 words or less)



**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:** \_\_\_\_\_