

**THE THOMAS H. LUTSEY-WASEDA FARMS SCHOLARSHIP  
RENEWAL APPLICATION**

To be considered for renewal, you must complete and return this renewal application, include a copy of your most recent official transcript, maintain a minimum 3.0 GPA and maintain a qualified major.

**Instructions:** Applicant to complete for renewal of their scholarship for the subsequent years and return by April 1, 2015. Failure to do so may jeopardize renewal of the scholarship. Any questions, please contact the Scholarship Administrator at 920-339-9823 or [lisa.wright@lutsey.org](mailto:lisa.wright@lutsey.org).

Name \_\_\_\_\_ Date \_\_\_\_\_

Permanent Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Address, if different than above \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Name and address of college attended \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Overall GPA for the school year \_\_\_\_\_ Major(s): \_\_\_\_\_

How were you able to contribute towards college expenses during this academic year?

(Example: jobs, other scholarship/grant renewals...)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What plans have you made to contribute toward college expenses during your next academic year?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you be participating in a co-op program? If so, give name of employer and dates. Scholarship awards will not be paid during a co-op period.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return completed application by April 1, 2015 to:**

The Thomas H. Lutsey-Waseda Farms Scholarship  
P. O. Box 22074  
Green Bay, WI 54305-2074