

**The Wells County Foundation, Inc.
Margaret J. McPheeters and Nancy Sprague Williams Scholarship
Endowment Fund Vocational Grant
Student Application**

Program Eligibilities:

- 1) Must be a graduating senior of Bluffton High School residing in Wells County;
- 2) Have a minimum C average (2.0 GPA on a 4.0 basis); and
- 3) Plan to enter a 2-year vocational training program as a full-time student at an accredited postsecondary institution in the State of Indiana.

ALL APPLICATION MATERIALS MUST BE POSTMARKED BY MARCH 20, 2015 OR DELIVERED IN PERSON TO THE FOUNDATION BY 4:00 P.M. MARCH 20, 2015.

**THE WELLS COUNTY FOUNDATION, INC.
360 N. MAIN STREET, SUITE C
BLUFFTON, IN 46714
(260) 824-8620**

Type or print

Last Name	First Name	MI	Email	
Permanent Street Address	City	ZIP Code	Home Telephone	
Name(s) of Parent(s) or Legal Guardian(s)		Address (if different from above)		
Name of High School	Street Address	City, State ZIP		Telephone
Principal Name	Guidance Counselor(s) Name(s)		GPA:	
List College(s) or Vocational Training Program(s) To Which You Have Applied And Indicate if You Have Been Accepted				
Institution Name		City, State		Accepted
 		 		<div style="display: flex; justify-content: space-around;"> <div>Yes <input type="checkbox"/></div> <div>No <input type="checkbox"/></div> </div>
 		 		<div style="display: flex; justify-content: space-around;"> <div>Yes <input type="checkbox"/></div> <div>No <input type="checkbox"/></div> </div>
 		 		<div style="display: flex; justify-content: space-around;"> <div>Yes <input type="checkbox"/></div> <div>No <input type="checkbox"/></div> </div>
Please State Your Intended Major or Vocational Pursuit:		 		
Projected Graduation Date (Month/Year):		 		

School Activities, Awards and Honors: Beginning with the current year, list all activities, awards and/or honors received during the last four years.

Community Involvement and Work Experience: Beginning with the current year, list any community activities you have participated in during the last four years. Please include any work experience.

In a short paragraph, describe your future plans.

Affidavit: The signature below affirms that all information provided in this application is true and complete to the best of my knowledge.

Signature of Applicant

Date

Affidavit: The signature below affirms that the GPA provided in this application is valid.

Signature of Guidance Counselor

Date