Eau Claire Association of Educators Scholarship Application—2009/2010

- This cover page may be handwritten.
- Applicant must be a graduating senior from an Eau Claire Public High School.

Applicant for continuing education at: (Check all that apply.)

☐ University

☐ Technical college

_____ _____
Last Name First Name Middle Date of Birth

_____ _____
Address Telephone

_____ _____ _____
City State Zip Code

Have you applied for post-secondary school? Check if notified of acceptance:

Where? _____ _____

Where? _____ _____

Where? _____ _____

List other scholarships you have already been awarded:

1. _____ 3. _____
Awarded From Amount Awarded From Amount

2. _____ 4. _____
Awarded From Amount Awarded From Amount

I understand that the Scholarship Screening Committee will consist of five ECAE members, and that the decision of the committee is final.

_____ _____
Signature Date

DEADLINE: Monday, March 15 2010, 4:00 p.m.—THERE WILL BE NO EXCEPTIONS