



# Vermillion Public Schools FOUNDATION

## Edith Siegrist Scholarship Fund \$1,000 Scholarships for two VHS Seniors

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

What is the name of the University, College, or Technical School you plan to attend in the fall of 2024?

\_\_\_\_\_

High School honors: \_\_\_\_\_

\_\_\_\_\_

School and Community related clubs, activities and achievements: \_\_\_\_\_

\_\_\_\_\_

List high school employment: \_\_\_\_\_

\_\_\_\_\_

What person, other than your parents, had the most influence on your life? Please type your answer on a separate piece of paper and attach it to this application. Limit essay to 300 words.

Please attach one teacher recommendation to this application.

Please return the completed form, essay, recommendation and a small photo of yourself to the Student Services Office by **Friday, March 29, 2024**. You may attach your resume to this form.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_