

## **Angeline Hosmanek Memorial Scholarship**

### **PURPOSE**

A fund has been established with the Kenosha Education Foundation of Kenosha to support a yearly scholarship to provide financial assistance to a female student who has graduated from a Kenosha Unified School District high school this year. The scholarship will recognize an outstanding student who is planning a career in elementary or secondary math education.

### **ELIGIBILITY**

Kenosha Unified School District female students who intend to enroll in an accredited college or university and prepare for an elementary or secondary teaching career in the subject of math. They must be academically capable, be able to demonstrate financial need, demonstrate an interest and/or experience in working with students regarding the subject of math, provide evidence of college acceptance, and be U.S. citizens. A grade point average of at least 2.50 must be maintained. The scholarship award is for four years, provided the grade point average and the preparation for teaching in the subject area of math are continued.

### **FINANCIAL DATA**

The scholarship award amount is \$2,000. The award is to be used for tuition, fees, and college residential costs at an accredited college or university, and will be issued directly to the university.

### **APPLICATION PROCEDURES**

Applications may be obtained from Kenosha Unified high school guidance offices. Completed applications must be submitted by March 15<sup>th</sup>.

# Angeline Hosmanek Memorial Scholarship Application

(Please note that the application must be a female student.)

Date of Application \_\_\_\_\_

Graduation Date \_\_\_\_\_

**I. PERSONAL INFORMATION:**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Number of Dependent Children in Family \_\_\_\_\_

Number of Dependent Children in College/Technical School \_\_\_\_\_

**II. EDUCATION INFORMATION:**

High School Attended \_\_\_\_\_

GPA \_\_\_\_\_ Class Rank \_\_\_\_\_

List below colleges to which you have applied. In the space at the right, indicate if you have been accepted.

Name of College

City

State

Accepted

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Planned Major: \_\_\_\_\_

School Achievements/Activities (Attach information):

Volunteerism/Community Service (Attach information):

**III. FINANCIAL INFORMATION**

Explain how financial assistance will help you to continue your education:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IV. REFERENCES:**

List three references

Name

Relationship

Phone

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**V. OTHER INFORMATION:**

1. Attach a current copy of your high school transcript.
2. Attach a one-page (200 words or less) explanation of your future plans and goals.
3. Return application by March 15 of each year to:

Education Foundation of Kenosha  
Attention: Dr. Robert Wells  
3600 52<sup>nd</sup> Street  
Kenosha, WI 53144  
Phone: 359-6388  
Fax: 359-7712