## Pulaski Area Swim Club Scholarship Form

Name of Applicant			
Address:			
Email Address:			
Telephone number:			
Parents/Guardian:			
Post Secondary Education	on Plans:		
Field of Study/ Anticipat	ed Major		
ACT/SAT Score:	GPA:	Class Rank	
Where will you be living	while at school?		
Annual Tuition costs:			
List any Scholarships you attending or outside sou	•	including those from the institution you plan on	
How will you be funding	your education?		
Applicant Signature		Date:	
Parent Signature:		Date:	
Swim Coaches Signature		Date	
Send completed applica	ation by April 13 <sup>th</sup> , 2018	to:	

PASC POP Box 486 Pulaski WI 54162 On a separate page, please list your school activities, extracurricular activities, including offices held, honors, recognitions, and awards received. Also list any community activity, community service, employment or other information that may be useful in reviewing your application for scholarship.

Please complete a 500 word or fewer essay on what impact swimming has made in your life.

This scholarship is open to Pulaski School District students only during their senior year of high school.

Students applying must have swum in the Pulaski Area Swim Club for a minimum of 1 year during the 9<sup>th-</sup>12<sup>th</sup> grades at PHS.

Send completed application by April 13<sup>th</sup>, 2018 to:

PASC PO Box 486 Pulaski WI 54162