



JOHN D. ANDREWS MEMORIAL SCHOLARSHIP APPLICATION

APPLICATION IS DUE BY MARCH 15, 2024

Name of Applicant: _____

Home Address: _____

Telephone: _____ Email: _____

Name of High School: _____

College of Choice: _____ Major: _____

Name of Parents

Mother: _____

Father: _____

Rank in Class: _____ Number in Class: _____

SAT or ACT Conversion Score: _____ Cumulative GPA after 7 semesters: _____

Parent or Legal Guardian's approximate annual household income:

\$0 - \$30,000 \$30,000 - \$60,000 \$60,000 and above

Signature - *Student* _____ Date _____

Extra-Curricular Activities: (Organizations, athletics, music, etc.) Show years of involvement and offices held:

Honors & Awards:

Community and/or Other Activities:

Work Activities: Employed? ____ Yes ____ No If yes, list your employer, job title, and approximate hours you worked per week.

Attachments to be Included:

1. Copy of High School Transcript to date.
2. Written statement to include:
 - Why you wish to pursue a career in technology.
 - Your educational plan including the degree/certificate you are seeking.
 - Why you feel you would be a qualified recipient/need this scholarship.
 - Any other information you feel might assist in the screening process.

Please Submit this application to:

Attention: Scholarship Application
Wabash Communications CO-OP
PO Box 299
Louisville, IL 62858

For questions regarding the scholarships, please call (618)665-3311 or email info@wabash.net. More information can be found on www.wabash.net/scholarship/.