MICHAEL H. WISE II MEMORIAL FOUNDATION, INC
P.O. BOX 8161 READING PA 19603-8161

Cedar Crest High School

SCHOLARSHIP APPLICATION

Two $1000.00 awards

Na **Name of Applicant:**

_____
(first) (m) (last)

Applicants date of birth:_____

SSN:_____

Street address:_____

City_____ **State**_____ **Zip Code**_____

Parent(s) name(s):_____

Parent(s) Occupation(s):_____

Number of dependants in the household:_____

Name of High School:_____

Address of High School:_____

Phone number of school:_____**Date of graduation:**_____

Name, address and phone number of Post high school institution to be attended:

_____

_____

- **GPA of Junior year end(if in high school):**_____
- **GPA of college or post high school institution:**_____
- **All GPA information must include certified copies of transcripts**

Signature: _____ **Date** _____

List any school, church or social activities including achievements and awards:

_____
_____
_____
_____
_____
_____
_____
_____

Brief Explanation on why YOU would like to be awarded this scholarship:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

***Attach additional sheets and copies of certificates, awards etc…as needed**

Printed name of parent/step parent: _____

Signature of parent/step parent: _____

Applicants signature:_____

The standard for higher education scholarship is a typed or legibly printed Application appropriately presented. All information must be true and correct. Documentation for all honors and awards should be attached. Poorly presented applications will be disqualified.