

**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**

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.