

**2015 Wisconsin Towns Association
Scholarship Program
Background Information**

Name _____ () Male () Female

Telephone Number _____

Mailing Address _____

City/State/Zip _____

Email _____

Local Unit of Government in which you reside:
() Town () Village or () City of _____

County of _____

Parents' Names _____

Is either parent a town or village officer? () Yes () No

If "yes" please specify office held _____

Name of High School from which you are graduating in 2015?

School or institution of higher education you plan to attend after

Graduation? _____

Date of intended enrollment? _____

Career you plan to pursue? _____

Hobbies or activities in high school of interest to you? _____

Your signature _____ Date _____

Mail this completed form and your essay to the following address by
May 30, 2015

Wisconsin Towns Association
W7686 County Road MMM
Shawano, Wis. 54166-6086