

**RICHARD J. SCHLIMGEN MEMORIAL SCHOLARSHIP
APPLICATION**

(Please type or print)

Full Name of Applicant

Date of Birth

Address: Street

City

State

Zip Code

Home Phone Number

Cell Phone Number

E-mail Address

Name of Parent(s)/Guardian(s)

High School

Graduation Date

Calendar Year(s) VB Leadership Workshop Attended

Position(s) held at Workshop

Calendar Year(s) Other School Workshops Attended

Position(s) held at Workshop

College/University Acceptance(s)

1. _____ 2. _____ 3. _____

College/University Preference(s)

Leadership Positions:

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School Activities:

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Community Activities:

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Awards/Honors:

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Additional Information:

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Attach other pages if additional space is needed.

Attach your academic transcript.

Recommendations: List the names and e-mail addresses of the three adults you would like us to ask for a recommendation letter on your behalf. Please make sure they are expecting a contact email from the Foundation. **To give the Foundation time to gather these recommendations, you must email this information to the Foundation (vleadershipfoundation@gmail.com) NO LATER THAN March 15.**

Name	School E-mail Address
1. _____	_____
2. _____	_____
3. _____	_____

Applicant's Signature: _____

Date: _____

You may either 1) complete this application online, print it, scan it, and email it, or 2) print it, complete it by hand, scan it and email it to vleadershipfoundation@gmail.com. Either way, the application must be submitted no later than 5:00 PM on FRIDAY, APRIL 12, 2024.