



Randy L Wendt Foundation Scholarship Application

Application requirements for Randy L Wendt Memorial Scholarships

1. The applicant must be a graduating High School Senior or a current college student OR
2. The applicant must be a High School /college dual credit student
3. The applicant must be a child, grandchild, sibling, parent or spouse of a murder victim with the victim having not been involved in the commission of a crime at the time of death
4. The applicant must maintain a 2.5 cumulative grade point average
5. The applicant must not have been previously convicted or served a term of deferred adjudication for any Class A or B Misdemeanors or Felony charges.

Any funds awarded will be deposited at the school, not given directly to the student.



PERSONAL INFORMATION

LAST NAME:

FIRST NAME:

PERMANENT STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

PRESENT STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

HOME PHONE:

CELL PHONE:

EMAIL
ADDRESS:

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

Name of another person if we are unable to contact you

Email address

Phone number

CAN YOU
PASS A DRUG
TEST?

YES
NO

ARE YOU A US
CITIZEN?

YES
NO

HAVE YOU EVER BEEN CONVICTED OR SERVED A TERM OF DEFERRED
ADJUDICATION FOR A CLASS A OR B MIDEMEANOR OR A FELONY CHARGE? (Do not
include Class C Misdemeanors)

YES NO

IF YES,
PLEASE LIST
ALL CHARGES,
DATES AND
DISPOSITIONS:

FAMILY AND FINANCIAL INFORMATION

Is anyone other than yourself financially responsible for your tuition or books?

YES NO

IF YOU ANSWER "YES", PLEASE ANSWER THE FOLLOWING QUESTIONS:

Name of responsible person(s)

Relationship to responsible person(s)

Approximately how much of your tuition and books does the responsible person(s) pay? (\$ or %)

How many other individuals in your family will be applying for this scholarship? (approx. answer is ok)

If applicable, how many other individuals are in your family who will be of college age or high
school credit age within the next 7 years?

ARE YOU FINANCIALLY RESPONSIBLE FOR YOURSELF?

YES NO

CURRENT
EMPLOYMENT:

ARE YOU EMPLOYED PART TIME OR FULL TIME?

PART TIME

FULL TIME

NUMBER OF HOURS
WORKED PER WEEK:

YOUR INCOME
PER MONTH:

MARITAL
STATUS:

SINGLE

DIVORCED

CO-HABITATION

MARRIED

WIDOWED

IF MARRIED OR CO-HABITATING, PLEASE ANSWER THE FOLLOWING QUESTIONS:

SIGNIFICANT OTHER'S FULL NAME:

SIGNIFICANT OTHER'S EMPLOYMENT:

SIGNIFICANT OTHER'S INCOME:

IS YOUR SIGNIFICANT OTHER ALSO A STUDENT?

YES

NO

AMOUNT SAVED FOR COLLEGE:

PROJECTED COST OF TUITION AND FEES FOR THE NEXT SEMESTER:

Approximately how many textbooks will be required for the next semester?

ARE YOU PRESENTLY APPLYING FOR ANY OTHER SCHOLARSHIPS OR FINANCIAL AID?

YES

NO

IF YES, LIST EACH TYPE OF AID FOR WHICH YOU HAVE APPLIED:

LIST ALL TYPES AND AMOUNTS OF AID YOU HAVE ALREADY BEEN AWARDED:



EDUCATION

List your previous schools, beginning with the most recent.

NAME OF
SCHOOL:

STREET
ADDRESS:

CITY:

STATE:

ZIP CODE:

FIRST
ATTENDED:

LAST ATTENDED:

DID YOU
GRADUATE? YES
 NO

G.P.A.:

NAME OF
SCHOOL:

STREET
ADDRESS:

CITY:

STATE:

ZIP CODE:

FIRST
ATTENDED:

LAST ATTENDED:

GRADUATED:

G.P.A.:

NAME OF
SCHOOL:

STREET
ADDRESS:

CITY:

STATE:

ZIP CODE:

FIRST
ATTENDED:

LAST ATTENDED:

GRADUATED:

G.P.A.:

IF YOU ARE STILL A HIGH SCHOOL STUDENT, WHAT IS YOUR PROJECTED GRADUATION
DATE?

IF YOU ARE A CURRENT COLLEGE STUDENT, WHAT IS YOUR CLASSIFICATION LEVEL?

WHAT IS YOUR COLLEGE MAJOR?

ACTIVITIES AND AWARDS

Please list all outside activities in which you have participated or awards and recognitions you have received. This can include athletics, dramatics, music studies, school publications, school clubs or offices, volunteer work, honors and/or special recognitions. Use a separate sheet of paper if necessary.

Activity or
Recognition:

BRIEF
DESCRIPTION
OF YOUR
ROLE AND
APPROXIMATE
DATES:

Activity or
Recognition:

BRIEF
DESCRIPTION
OF YOUR
ROLE AND
APPROXIMATE
DATES:

ADDITIONAL INFORMATION

SEMESTER FOR WHICH YOU ARE APPLYING FOR THIS SCHOLARSHIP:

FALL

MID-WINTER TERM

SPRING

SUMMER 1

SUMMER 2

Scholarship for which you are applying

Tuition and fees

Textbooks

Tuition, fees and textbooks

High school dual credit classes

How many classes do you plan to take this semester?

NAME OF SCHOOL YOU PLAN TO ATTEND:

Financial Aid or business office address

CITY:

STATE:

ZIP CODE:

Financial aid or business office contact phone number

Date tuition is due if known

ARE YOU CURRENTLY A STUDENT AT THIS SCHOOL?

YES

NO

IF YOU ARE NOT A CURRENT STUDENT, WHAT DATE DO YOU PLAN TO ENTER?

IF YOU ARE A CURRENT STUDENT, WHAT IS YOUR STUDENT ID NUMBER?

Please list 3 personal references: including name, address, phone number, how long you've known them, and their relationship to you.

REFERENCE
NUMBER 1:

REFERENCE
NUMBER 2:

REFERENCE
NUMER 3:

FULL NAME OF MURDER VICTIM:

RELATIONSHIP
TO YOU:

DATE OF
DEATH:

Were you living with the victim at the time of the murder?

Were you financially dependent on the victim for your living expenses or tuition?

WHAT IS YOUR GOAL THROUGH EDUCATION AND HOW WILL THIS SCHOLARSHIP
AFFECT THE MEETING OF THOSE GOALS? (Attach separate sheet if necessary)

When uploading, you must include the following supplemental information:

1. *Copy of Death Certificate, copy of Police Incident Report, newspaper article, OR statement from prosecuting attorney showing verification of the murder as fitting within our requirements*
2. *Copy of most recent high school and/or college transcripts or grades statement that includes your overall GPA.*

Other supplemental information may be requested

If approved for a Tuition Memorial Scholarship, you must provide a copy of your tuition bill. If approved for a Textbook Memorial Scholarship, you must provide a list of textbooks, including Title, edition number, Author, ISBN # (if available). We will purchase the textbooks on your behalf and have them shipped directly to you.

Once you have uploaded your application, email us for verification that we have received your application.

I hereby certify that the information I have supplied is a complete and accurate statement of my current education and financial condition. I authorize the Randy L Wendt Foundation, their employees or agents to conduct a complete and thorough investigation of my statements. I understand that this investigation could include direct verifications of all information given. It is with this understanding and acknowledgement that I formally apply for the Randy L Wendt Memorial Scholarship.

Sworn and subscribed on this date by the applicant

Signature