

Rick Haefner Scholarship Program APPLICATION FORM

Personal Information:

NAME: _____ AGE: _____

ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: _____

High School Education Information:

HIGH SCHOOL ATTENDED: _____ YEAR GRADUCATED: _____

ACTIVITIES AND INVOLVEMENT: _____

Post High School Education Information:

COLLEGE/VOCATIONAL SCHOOL ATTENDING: _____

ANTICIPATED YEAR OF GRADUCATION: _____

ACTIVITIES AND INVOLVEMENT: _____

POST GRADUCATION PLANS: _____

Please return this application form along with your 250-500 word essay to:

Joann Haefner
29904 IL Rt. 40
Milledgeville, IL 61051

Application deadline is February 10, 2015