



Year 2026 Scholarship Program

This program is revised annually and may differ significantly from past years. Please **read the qualifications carefully** and **submit all required documentation** with this application.

If you meet the qualifications below, you are eligible to receive a **WSA Scholarship!**

TO QUALIFY:

You must currently be a member of WSA Fraternal Life and have been a member for the last four years continuously.

If you meet the above qualifications, PLEASE PROVIDE:

- ☐ A copy of your High School transcript reflecting a minimum 2.500 cumulative GPA (based on a 4.000 scoring system) and verifying your graduation in the year 2026.
- ☐ A letter of acceptance from an accredited college or university for the ensuing year.
- ☐ Three letters of recommendation from teachers and/or school administration personnel.
- ☐ A recent photograph suitable for publication.
- ☐ Scholarship Program Consent / Release.
- ☐ This application cover page.
- ☐ Community service is an important component of good citizenship. Please include a letter describing your community service contributions during your high school years and why you would like to be considered for a WSA scholarship.

**All Scholarship applications must be received by the Home Office on or
before June 30, 2026.**

Name: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

Daytime phone: (_____) _____

E-mail: _____

College or University: _____

Cumulative GPA (*Must be above 2.500 and supported by transcripts*): _____

Comments: _____

Email Submission is encouraged! Please send to: info@wsalife.com

If email is not possible, please return to: WSA Fraternal Life, P.O. Box 351920, Westminster, CO 80035-1920*

**Postmarked by 6/30 is acceptable – please do not use an express courier or method requiring signature acceptance.*



Scholarship Program

Consent Form / Release

Complete and return to: WSA Fraternal Life,
See Page 1 for details

WSA Fraternal Life, on an annual basis, recognizes the recipients of scholarships awarded under its program criteria. The recognition is printed in WSA's quarterly publication *Fraternal Voice*. For each scholarship recipient, the recognition includes a photo of the individual, their name and a summary of their accomplishments.

Applicant's Name: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

RELEASE - APPLICANT AGE 18 OR OLDER

I, _____, hereby grant permission to WSA Fraternal Life to use photographs and information submitted by me in consideration of my scholarship application for use in its publication, *Fraternal Voice* and on WSA's website. I agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s).

Applicant's Signature (if over 18) Date

RELEASE FOR MINOR CHILD - APPLICANT UNDER AGE 18

I, _____, parent or official guardian of

(applicant's name) _____ hereby grant permission to WSA Fraternal Life to use photographs and information submitted by my child in consideration of the scholarship application for use in its publication, *Fraternal Voice* and on WSA's website. I agree that my child's name and identity may be revealed in descriptive text or commentary in connection with the image(s).

Signature of Parent or Guardian Date