



## Year 2024 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 2024.
- 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, 2024.**

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: \_\_\_\_\_

**Complete and return to: WSA Fraternal Life, P.O. Box 351920, Westminster, CO 80035-1920**

\_\_\_\_\_  
Signature: \_\_\_\_\_



## Scholarship Program

### Consent Form / Release

Complete and return to: WSA Fraternal Life,  
P.O. Box 351920, Westminster, CO 80035-1920

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