

**2017 Wisconsin Towns Association
Scholarship Program
Background Information**

Name:	
Telephone:	
Mail Address:	
City/State/ Zip:	
Email:	
Residence Town/Village/City of:	
Residence County of:	
Parents' Names:	Father:
	Mother:
Is either parent a town or village officer?	Yes: _____ No: _____ If "yes" specify office held:
Name of High School from which you are graduating in 2017?	
School or institution of higher education you plan to attend after Graduation?	
Date of intended enrollment?	
Career you plan to pursue?	
Hobbies or activities in high school of interest to you?	
Your signature:	
Date:	

Mail this completed form and your essay to the following address by May 29, 2017
Wisconsin Towns Association
W7686 County Road MMM
Shawano, WI 54166-6086