

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

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

**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**