

WOODLAKE HIGH SCHOOL FOUNDATION SCHOLARSHIP CRITERIA

<p>NAME OF SCHOLARSHIP: _____</p> <p>CRITERIA FOR SELECTION: _____</p> <p>_____</p> <p>_____</p>
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SCHOLARSHIP SELECTED BY: *please check*

Woodlake High Foundation Scholarship Selection Committee or

name of person

CONTACT PERSON: _____

PHONE: _____

E-MAIL: _____

PRESENTER'S NAME _____

ADDRESS: _____

TELEPHONE: _____

E-MAIL : _____

AMOUNT OF SCHOLARSHIP: _____

WHERE MAY THE STUDENT PICK UP THE SCHOLASHIP MONEY?
(Dispersement) _____

PREREQUISITE FOR PAYMENT: ie.proof of registration as a full time student-plus
report card &2.5 GPA for continuing scholarship.

Please return to:
Woodlake High School Foundation
P.O. Box 475
Woodlake, CA 93286