



## 2020 - 2021 WESTLAKE SCHOLARSHIP APPLICATION

STUDENT INFORMATION					
Last Name		First Name		MI	
Street Address					
City		State		Zip	
Date of Birth			Telephone		
Email Address					
EMPLOYEE (PARENT OR GUARDIAN) INFORMATION					
Last Name		First Name		MI	
Job Title		Department		Work Location	
City		State		Zip	
Last 4 Digits of SSN		Relationship		Email Address	
CURRENT SCHOOL DATA					
High School Name			Date of Graduation		
City		State		Zip	
Principal			Telephone		
TRANSCRIPT INFORMATION					
<b>This section is to be completed by a high school official.</b>					
Student's rank _____ in a class of _____			Cumulative Grade Point Average _____ / 4.0 Scale		
<b>ACT:</b>	English _____	Math _____	Reading _____	Science _____	<b>Composite</b> _____
<b>SAT:</b>	Verbal _____	Math _____	Writing _____	<b>Total</b> _____	
<b>PSAT:</b>	Verbal _____	Math _____	Writing _____	<b>Selection Index</b> _____	
High School Name			Date of Graduation		
City		State		Zip	
Principal			Telephone		
Guidance Counselor's Name			E-mail		
Guidance Counselor's Signature			Date		

**ACTIVITES AND HONORS**

List all school and community activities in which you have participated during the past four (4) years (e.g., student government, sports, choir, band, Red Cross, church work, scouting, volunteer work).

Activity	Length of Participation	Awards/Honors/Positions

**WORK EXPERIENCE**

Describe your work experience during the past four (4) years. Indicate dates of employment in each job and approximate number of hours worked each week.

Company	From (Mo/Yr)	To (Mo/Yr)	Hours per Week

**COLLEGE/VOCATIONAL SCHOOL**

Name of School you will attend	City	State
<input type="checkbox"/> 4 yr College or University	<input type="checkbox"/> 2 yr Community or Junior College	<input type="checkbox"/> Business or Trade School

**GOALS AND ASPIRATIONS**

Make a statement of your plans as they relate to your education, career objectives and future goals.


**CERTIFICATION**

I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in forfeiture of any award.

I agree that information in this application may be released to the Westlake Scholarship Selection Committee for the purpose of the program.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** Completed forms should be submitted via email no later than **Friday, March 13, 2020**

Email: [benefits@westlake.com](mailto:benefits@westlake.com)

Westlake Scholarship Selection Committee