



**Boyceville Community Ambulance Association  
Scholarship Application  
504 Race Street  
Boyceville, Wisconsin  
715-643-3911**



**Scholarship Application**

**Applicant's Name** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Grade Point Average** \_\_\_\_\_

**University or Technical College** \_\_\_\_\_

**City and State of Institution** \_\_\_\_\_

**Please attach a current transcript**

**Short essay:**

Please attach a short essay including information such as, but not limited to:

What are some of your interests?

Are you involved in any community activities?

What are your goals related to education and future career?

What makes you stand out from others?

Why do you deserve a scholarship?

Do you plan to use your education to contribute to our community?

**Thank you for your time in completing this application. We look forward to learning more about you and your goals in life.**

**Best wishes to you,**

**Boyceville Community Ambulance Association, Scholarship Review Board Members**

Completed Application and One Reference Evaluation (Letter of Recommendation) is required to be submitted by May 3, 2024. All forms must be sent directly to the Boyceville Community Ambulance Association at the above address.



**Boyceville Community Ambulance Association  
Scholarship Application**

504 Race Street  
Boyceville, Wisconsin  
715-643-3911

**Evaluation of Scholarship Applicant**



Thank you for taking the time to complete this evaluation for a promising young scholarship applicant.  
This form can either be mailed directly to the address above or submitted with the full application.

Application deadline is May 3, 2024

Applicant's Name \_\_\_\_\_

Evaluator's Name \_\_\_\_\_

Evaluator's Phone Number \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Duration of Relationship (Years) \_\_\_\_\_

What qualities does this applicant possess what will help them succeed in their future? (Education and Career)

What makes this applicant stand out from their peers?

Additional Comments:

Evaluator's Signature \_\_\_\_\_ Date \_\_\_\_\_