

Boyceville Community Ambulance Association Scholarship Application

504 Race Street Boyceville, Wisconsin 54725 (715) 643-3911

Application Deadline is May 6th, 2025

Scholarship Application

Applicant's Name		
Home Address	·	
Phone Number		
Grade Point Average		
Name of University/Technical College		
City and State (Location) of Institution		
Short Essay		
Format – Please attach a short essay including information such as, but not limited to:		
What are some of your interests?	Are you involved in community activities?	
What makes you stand out from others?	Why do you deserve a scholarship?	

What are your goals related to education and future career?

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

Please submit the following completed forms and materials directly to the Boyceville Community Ambulance Association at the above address. All items must be submitted by Tuesday, May 6th, 2025.

- 1. This application page
- 2. A copy of your essay
- 3. A copy of your current High School Transcript
- 4. One Reference Evaluation (Letter of Recommendation) is required

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



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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.

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pplicant's Name
valuator's Name
valuator's Phone Number
elationship to Applicant
uration of Relationship (Years)
/hat personal qualities does this applicant possess that will help them succeed in their future education nd career?
/hat makes this applicant stand out from their peers?
dditional Comments:
valuator's Signature Date