## LOCAL SCHOLARSHIP APPLICATION

Application Due by the end of April each year.

Name of Scholarship: Rhyme Time - Jack A. Steinhoff & Steve P. Ennis Memorial Scholarship Description: One scholarship awarded to a student affected by cancer, whether themselves, a family member, or close friend.

Student Name:					En	nail Address:		
Address:					Te	lephone:		
Gender:					Ag	ge:		
Cumulative GPA:					Cla	ass Rank:		
Years of Attendance in the School District:					<u> </u>			
Father's Name:								
Father's Occupation:								
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Mother's Name:								
Mother's Occupation:								
Number of Children in						Number in		
Family:						College:		
Your Rank in Family							<u>.</u>	
(Don't Include Parents):								
Do You Hold a Job?	Yes	No	Place o	of Employn	nent:			
School You Will Attend Next Fall:								
Major or Program of Study:								
Have You Been Officially Accepted?: Yes No								

## THE FOLLOWING ATTACHMENTS MUST BE INCLUDED:

- 1. Career Plan (What do you want to do in the future?)
- 2. Financial Need Statement (How will this scholarship help you?)
- 3. Student Resume (How have you been affected by cancer?)
- 4. Transcript (School can provide)

Applicant's Signature:	
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Applications can be emailed to info@rhymebiz.com or mailed to Po Box 338 Portage, WI 53901 Attn: Kendall Steinhoff