



2026-2027 Scholarship Recipient Form Please complete the following information and please print clearly.

Are you going to be physically on your college campus in Fall 2026 and Spring 2027? Yes or No.

Are you attending as an Online Student only in Fall 2026 and Spring 2027? Yes or No.

Name: _____ **Email:** _____ **Student ID** _____

Mailing Address: _____ **City:** _____ **ST:** _____ **ZIP:** _____

Home Phone: _____ **Cell Phone:** _____

School Attending in Fall 2026: _____ **Spring 2027:** _____

Major: _____ **Minor:** _____

To be able to accept your scholarship, you are required to do the following:

1. Schedule a 10 minute Zoom meeting with Joan Rudnitzki to review the requirements of your scholarship. Complete this form and email it to Terry Seil: terry@wccf-wi.org
2. Compose a hand written thank you note to the donor of your scholarship. You will receive their name during your ten-minute meeting with Joan. The note needs to be completed, mailed/returned to the Foundation office at WCCF, 320 S. Fifth Avenue, Suite 101, West Bend, WI 53095 no later than May 1, 2026.
3. Attend Washington County Charitable Foundation scholarship awards ceremony on **Monday, May 18, 2026 at 6:00pm**, at the Chandelier Ballroom in Hartford, WI. Details are included in your email award letter.

All scholarship recipients are encouraged to provide a minimum of two volunteer service hours during each semester of their scholarship. Volunteer opportunities will be provided to you at your appointment.

Your scholarship check will be sent to your College campus and will be deposited into your student account & applied to your tuition and fees. You may have to go to your school's Bursar, Cashier, or Financial Aid office to sign the back of your scholarship check each semester. You will be notified by WCCF when the scholarship is mailed out.

By signing this form, I agree to the above scholarship requirements and accept that I will not receive the scholarship if I do not fulfill my obligations. If any of the above contact information should change, it is my responsibility to notify the Foundation office in order to receive the scholarship. In addition, I am providing authorization to use my photo in any Washington County Charitable Foundation marketing materials.

Signature: _____ Date: _____

WCCF OFFICE FILLS OUT INFORMATION BELOW:

Scholarship:	1st	2nd	3rd	Campus:	Student ID:
Total Scholarship \$	Ck #	Fall 2025 payment: \$	Ck #	Spring 2026 payment: \$	
	Ck #	Fall 2026 payment \$	Ck #	Spring 2027 payment: \$	

Scholarship Requirements:

Fall '25 Credits _____ Cumulative GPA _____

___OK to disburse ___Unable to disburse

___Disbursed in person _____

Date Mailed _____

Spring '26 Credits _____ Cumulative GPA _____

___OK to disburse ___Unable to disburse

Disbursed in person _____

Date Mailed _____

Fall '26 Credits _____ Cumulative GPA _____

___OK to disburse ___Unable to disburse

___Disbursed in person _____

Date Mailed _____

Spring '27 Credits _____ Cumulative GPA _____

___OK to disburse ___Unable to disburse

___ Disbursed in person _____

Date Mailed _____