

# Robert M. Kliegle Memorial Scholarship

Only seniors with an address of Goodwin, Kranzburg or Bemis are eligible for this scholarship. Selection will be based on need, need defined as absence of family or inability of a family or guardian to provide financial assistance for school related expense.

This \$1000 scholarship is payable in two \$500 increments: One at the beginning of the fall term of the first year of post-secondary school and a second \$500 at the beginning of the 2<sup>nd</sup> year. Confirmation of your registration is required for both years.

Applicant's name and high school \_\_\_\_\_  
\_\_\_\_\_

Parent's or Guardian's names \_\_\_\_\_

Address \_\_\_\_\_

Number of Children/ages, living in the household \_\_\_\_\_  
\_\_\_\_\_

Number of family members who will be in college next fall. \_\_\_\_\_

Father's occupation and place of employment \_\_\_\_\_  
\_\_\_\_\_

Mother's occupation and place of employment \_\_\_\_\_  
\_\_\_\_\_

Grade Point Average \_\_\_\_\_ ACT Composite \_\_\_\_\_

College attending and degree \_\_\_\_\_  
\_\_\_\_\_

Cost per year \_\_\_\_\_

List all scholarships and their value that you have received

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Describe in 300 words or less why it will be difficult for your family to pay for your college education.

I certify that to the best of my knowledge all information furnished in this application is true and complete.

Signature \_\_\_\_\_

Please mail this application no later than March 31 to:

Watertown Community Foundation  
Attention: Jan DeBerg  
PO Box 116  
Watertown, SD 57201

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