

The Ben Kliegle Memorial Scholarship

Seniors with an address of Goodwin, Kranzburg or Bemis are eligible

This \$500 scholarship 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.

Applicant's Name and high school _____

Parent's or guardian's names _____

Address _____

Number of children and ages _____

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 _____

Please 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 application no later than March 31 to:

**Watertown Community Foundation
Attention Jan DeBerg
P.O Box 116
Watertown, SD 57201**