

APPLICATION

Send your completed application to: The Wheeling Corporation
Attn: Carla Gonzales
100 E. First Street
Brewster, Ohio 44613 or,
via fax at (330) 767-4327, or via e-mail at cgonzales@wlerwy.com

Selection will be made without regard to the applicant's race, color, ethnic origin, religious belief, sex, or physical handicap.

Applicant's Name: _____
The Wheeling Corporation Employee's Name: _____ Relationship _____
Applicant's Permanent Address: _____ Social Security No.: _____ - _____ - _____
City: _____ State: _____ Zip: _____
Area Code & Phone: (_____) _____ - _____ High school graduation date: _____, _____

Name of College/University: _____ High School: _____
Address: _____ Address: _____

Phone Number: (_____) _____ - _____ Phone Number: (_____) _____ - _____

Major course of study: _____

Current College Student? _____ Yes _____ No

Status: _____ Freshman _____ Sophomore _____ Junior _____ Senior

College Entrance Examination Board - S.A.T. Scores: Verbal: _____ Math: _____

A.C.T. Score: Composite _____

Cumulative high school grade point average (4.00 Scale): _____

Class standing in high school (Example 4th/400) _____

Cumulative college grade point average (4.00 Scale): _____

Honors and Awards

Offices and Positions

School and Community Activities

Required Additional Information

- 1. Applicant's Essay (see guidelines).
- 2. An official certified high school (grades 9-12) transcript.
- 3. An official, certified college transcript (current college students only).
- 4. History of applicant's employment.
- 5. Financial aid worksheet.

I certify that this information is true, complete and accurate. I authorize release of information to confirm and/or verify this application. I further authorize release of my name in connection with announcement of the scholarship award in the event that I am selected.

Applicant's signature: _____ Date: _____

Financial Aid Worksheet

The Wheeling Corporation
Attn: Carla Gonzales
100 E. First Street
Brewster, OH 44613

Academic Year: _____ (current year)

Student Name: _____ Social Security No.: _____ - _____ - _____

Student will live: _____ on campus _____ off campus _____ parent's home

Student Expenses per _____ Semester _____ Quarter:

Tuition & Fees	_____
Room & Board	_____
Books & Supplies	_____
Transportation	_____
Personal Expenses	_____
Other	_____
Total	_____

Will you (Student) have any parental assistance towards tuition? If so, how much? _____

Will you (Student) contribute towards tuition? If so, how much? _____

Financial Aid Available

Describe sources and indicate whether the source is a grant, loan, or scholarship.

	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____

Comments:

I certify that this information is true, complete and accurate.

Signature

Date

EMPLOYMENT HISTORY

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

EMPLOYER	FROM	TO	WORK PERFORMED
ADDRESS			
TELEPHONE NO.			
JOB TITLE			
REASON FOR LEAVING	HOURLY RATE	SALARY	
EMPLOYER	FROM	TO	
ADDRESS			
TELEPHONE NO.			
JOB TITLE			
REASON FOR LEAVING	HOURLY RATE	SALARY	
EMPLOYER	FROM	TO	
ADDRESS			
TELEPHONE NO.			
JOB TITLE			
REASON FOR LEAVING	HOURLY RATE	SALARY	
EMPLOYER	FROM	TO	
ADDRESS			
TELEPHONE NO.			
JOB TITLE			
REASON FOR LEAVING	HOURLY RATE	SALARY	
EMPLOYER	FROM	TO	
ADDRESS			
TELEPHONE NO.			
JOB TITLE			
REASON FOR LEAVING	HOURLY RATE	SALARY	

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.
