



COMMITTEE MEMBERS

**DISTRICT NUMBER 1
MARYANN LORENCE**

**DISTRICT NUMBER 2
PEGGY KLIPSTINE
SECRETARY**

**DISTRICT NUMBER 3
KEVIN CHRISTOPHERSON**

**DISTRICT NUMBER 4
CAROLE ZELLINGER**

**DISTRICT NUMBER 5
GLADYS RUHA
CHAIRPERSON**



LEFT TO RIGHT KEVIN CHRISTOPHERSON, MARYANN LORENCE, GLADYS RUHA, PEGGY KLIPSTINE & CAROLE ZELLINGER

WFLA

WISCONSIN UPPER MICHIGAN SCHOLARSHIP FUND

March 29th 2010

Wisconsin Upper Michigan District # 2 of WFLA offers Five Scholarships. 1-\$1000.00, 2-\$750.00 & 2- \$500.00.

An applicant to be considered for s scholarship must fulfill the following requirements.

- A. Must be a W.F.L.A. member in good standing in a Lodge in Wisconsin & Upper Michigan.
- B. Must be a Senior in High School planning on attending fulltime in a post high school educational institution.
- C. The scholarship money may be used for tuition, school books, school supplies, & lodging.
- D. Upon graduation of High School the winners will receive a certificate with the amount of the Scholarship on it. The winners must then complete the first semester of Higher Education & present their first semester grades to the appropriate representative to receive the cash payment. The transcript must be received no later than May 1st of the following year or the scholarship will be forfeited.
- E. The scholarship application must be received by March 15th of the seniors year in high school. It must be sent to Director Joseph L. Kuzma 1609 Marion Ave. South Milwaukee, Wisconsin 53172. E-mail cuzooma@yahoo.com Phone 1-414-762-5289
- F. If at all possible, a member selected to receive a scholarship should be present at the Wisconsin Upper Michigan State Convention to be recognized.

**FRATERNALLY YOURS
JOSEPH L. KUZMA
DIRECTOR DIST # 2**

**Western Fraternal Life Association
Wisconsin & Upper Michigan Scholarship Application**

Name _____ Address _____

E-MAIL _____ wfla Cert. No. _____ Birth Date _____

Social Security Number _____

Name of parent or guardian _____ Phone Number _____

Name and address of school presently attending _____

Attach extra pages when necessary for the following:

Please list extra curricular school activities _____

Please list community activities _____

Please list honors and awards won, and office held _____

Please state as concisely as possible your goals and the program you intend to follow to achieve these goals _____

Please list choice of schools and major _____

Please summarize your need for financial assistance to achieve your goals. _____

Write or type a statement regarding information about yourself which you would like the selection committee to consider in evaluating your application. This statement will be used as one of the selection criteria.

I authorize the release of any information relevant to my application is true and complete to the best of my knowledge. I also request my high school to submit a copy of my transcript and other academic information.

Signature of Student

Signature of Parent

Date

