



WESTLEY UNSELD SCHOLARSHIP FUND

1.	Last Name:	First Name:
2.	Mailing Address: Street: City: State: Zip:	
3.	Daytime Telephone Number: () Email Address:	
4.	Date of Birth: Month Day Year Gender:	
5.	Cumulative Grade Point Average (GPA): _____ (On a 4.0 scale) Attach proof of GPA. Your most recent school transcript is required.	
6.	Name and location of High School attending:	
7.	A. List any academic honors, awards and membership activities while in high school: (Use a separate sheet if necessary.) B. List your hobbies, outside interests, extracurricular activities and school-related volunteer activities: (Use a separate sheet if necessary.) C. List your non-school sponsored volunteer activities in the community: (Use a separate sheet if necessary.)	
8.	Are you the first person in your family to go to college: YES ___ NO ___	
9.	Why do you believe you would be an excellent candidate for the Wes Unselde Scholarship?	

STATEMENT OF ACCURACY FOR APPLICANTS

I hereby affirm that all the information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship recipient that my picture may be taken and used to promote the Mercy Business/Education Partnership Scholarship program. (Recipient may waive photo due to unusual or compelling circumstances.)

I hereby understand that if chosen as a scholarship recipient, according to Mercy Business/Education Partnership Scholarship policy, it is my responsibility to remit to Mercy Human Resources the appropriate information for my scholarship to be paid directly to me for my fall semester 2021 and each subsequent year for up to 3 years, ending with my fall semester 2021.

I hereby understand that I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

Applicant Signature

Date

Please mail complete package to:
Unselds' School
45TH ANNIVERSARY USA FUND
250 S Hilton st
Baltimore, MD 21229

For Business/Education Partnership Scholarship use only:

Checklist

- | | |
|--|---|
| <input type="checkbox"/> Application and Statement of Accuracy | <input type="checkbox"/> Essay |
| <input type="checkbox"/> Minimum of 3 letters of recommendation | <input type="checkbox"/> Guidance Counselor signature |
| <input type="checkbox"/> School Transcript reflecting 7 semesters' study | |