



**2020-21 DENNIE and DONNA WISE SCHOLARSHIP APPLICATION**

**Dennie and Donna Wise Scholarships are two-year, \$1,000 per year scholarships awarded to graduates of BVSD High Schools who choose to pursue a vocational, technical or community college education (full or part-time).**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**On separate type-written pages (no more than 2), please provide the following information:**

Brief paragraphs explaining:

1. Your education and career goals.
2. A description of the vocational, technical, or community college you are planning to attend and why.
3. What is motivating you to pursue additional education and training after high school?
4. Your community involvement and/or work experience. Include any extracurricular activities (club, athletics, offices held) and any awards received.

**Include with this application:**

1. An official high school transcript.
2. Three letters of recommendation from high school teachers/school administrators and employer, if applicable.

**Send application and required documentation, postmarked no later than April 20, 2020 to:**

**Impact on Education  
721 Front Street, Suite A  
Louisville, CO 80027**

**Or email [Sharon@impactoneducation.org](mailto:Sharon@impactoneducation.org)**

I hereby certify that the information provided in this application is complete and correct to the best of my knowledge. I also understand that this application becomes the property of Impact on Education.

If I am selected to be a recipient of a Dennie and Donna Wise Scholarship, I hereby permit Impact on Education to use my name, likeness, and application in print and other media in perpetuity. I also agree to 1) Maintain a GPA of 2.5 while receiving scholarship support; 2) Provide a transcript from my school verifying my enrollment and grades, 3) Annually provide Impact on Education with a letter for the Dennie and Donna Wise Family summarizing my year of study, and 4) Meet with Impact on Education representatives once per year, if requested, during the course of my scholarship funding.

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Applicant's Name (print)

Applicant's Signature

Date