

WIZARDS OF RODS
MEMORIAL SCHOLARSHIP
APPLICATION

Name of applicant

Street Address

City/State/Zip

Telephone number

Permanent address if different from above

City/State/Zip

Name of High School or College you are currently attending

High School or College address

City/State/Zip

High School or College telephone number

*Name of program to be taken in college

High School Graduation Date

College Graduation Date

Length of program: _____ 1 year _____ 2 years _____ 3 years _____ 4 years _____ or
more

Current year in program

What are your career goals?

Do you have a plan of action to attain these goals: _____ If so, please give a brief description

Please explain your reasons for requesting this scholarship. Specify any circumstances that warrant consideration (Financial needs, previous G.P.A. etc.)

Is the student employed _____ yes _____ no

Employment Income

Please provide a transcript to verify the following items:

High School Grade Average

College Grade Point Average

Please provide a written recommendation from one of your instructors stating the reason why he/she believes you should receive this Scholarship.

Please read and sign:

I certify that all information is, to the best of my knowledge, true and correct; and I authorize the Wizards of Rods, Inc., to obtain information to verify my eligibility for scholarships from my academic records and transcripts.

Applicant's Signature _____ Date

If applicant is under the age of 18,

Parent or guardian signature _____ Date

Please return your application to **Wizards of Rods Inc., Attn: Scholarship Committee, N3621 County Road K, Mauston, WI 53948**. Must be post marked by no later than March 11, 2026.

*Prefer applicant to be in automotive related field but this scholarship is not limited to automotive field.