WISCONSIN STATE CHAPTER OF THE P.E.O. SISTERHOOD

COTTEY COLLEGE SCHOLARSHIP APPLICATION

CONTINUING STUDENT

**ALL MATERIAL MUST BE RECEIVED NO LATER THAN FEBRUARY 1, 2024**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Inform the Cottey Registrar that you plan to apply for a continuing scholarship and pay any fees required by the college. Cottey will inform the Wisconsin Cottey College Committee of your acceptance for the second, third or fourth year.
2. Complete the release form and give a copy to the Vice President of Student Life and the Registrar.
3. Give a Student Performance Report form to the Vice President of Student Life and the Registrar to complete.
4. Write a letter in WORD format, including the following information:
5. Your activities while at Cottey, both at school and in the community
6. Any special honors and awards you have received.
7. Your educational and/or career plans after Cottey.
8. Answer one of the following questions:

What are the issues facing young people today and how would I address them?

What was the best thing about Cottey last year?

What life lessons have I learned so far by being a Cottey student?

1. Attach your letter, the completed Release Form for Continuing Students, the two (2) completed Student Performance Reports.

Completed application must be submitted to the Wisconsin Cottey College Committee chair:

**Liz Berlyn, 317 Loftwood Terrace, Colgate WI 53017 or eberlyn5@gmail.com**

and received by **February 1, 2024.**

Recipients of scholarships/grants for the coming academic year will be announced March 1. You will receive a letter notifying you of your status.

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COTTEY COLLEGE SCHOLARSHIP APPLICATION

Release Form for Continuing Students

(a time-dependent step necessary for scholarship eligibility)

**By accepting financial aid from Wisconsin State Chapter of the P.E.O. Sisterhood, I agree to live by the policies of Cottey College as stated in the Cottey College Student Handbook.**

**If I violate this pledge, I risk losing the aforementioned financial aid benefits.**

The Family Educational and Privacy Act of 1974, as amended, guarantees confidentiality of the student's educational records.

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize the Cottey College Registrar's Office and Office of Student Life to release all information as pertains to my academic record and my conduct and behavior to the Wisconsin State Chapter Executive Board and Cottey Committee upon request.**

Cottey College Student ID number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_ Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_ Signature of Parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Parent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NO LATER THAN THE SECOND WEEK OF JANUARY, make two copies of this form and sign each copy.**

**Hand deliver one copy each to the Cottey Registrar and to the Cottey Vice President of Student Life to allow time for those administrators to submit evaluations of your student performance – a necessary condition for scholarship eligibility -- prior to our final scholarship application deadline of February 1, 2024.**

**If you plan to return for one of the upper-division programs, begin the process so the Registrar can verify your eligibility for/acceptance to that program.**

**Student Performance Report - Cottey Vice President of Student Life** 

Thank you for providing performance information about a Wisconsin State Cottey College student who is applying for our scholarship for her continuing study at Cottey.

1. **Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Has this student been selected for any special responsibilities, elected to any officers, or received any honors during the past year? Yes ☐ No ☐**

**If yes, please explain:**

1. **Given this student's performance, would you recommend her for a scholarship to Cottey College for another year? Yes ☐ No ☐**
2. **Please add any additional comments regarding this student.**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Thank you for providing your valuable input to this student's scholarship application file. Your participation is greatly appreciated.

**Student Performance Report - Cottey Registrar**

Thank you for providing performance information about a Wisconsin State Cottey College student who is applying for our scholarship for her continuing study at Cottey.

1. **Student Name** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Please enter the following information about this student's academic performance:**

Total number of college credits already earned: \_\_\_\_\_\_\_\_\_

Number of college credits being attempted this semester: \_\_\_\_\_\_\_\_\_

Cumulative GPA: \_\_\_\_\_\_\_\_\_

1. **During the previous semester, was this student chosen for the:**

Dean’s List? Yes ☐ No ☐

President’s List? Yes ☐ No ☐

1. **If this student is planning to return for a third year to pursue coursework in one of the upper-division areas of study, has she been accepted to that program?**

**Yes ☐ No ☐ If no, please explain:**

1. **Is the student’s academic performance on track to meet graduation requirements?**

**Yes ☐ No ☐ If no, please explain:**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Thank you for providing your valuable input to this student's scholarship application file. Your participation is greatly appreciated.