



Scholarship Application

Badger Precollege
21 N. Park Street, 7th Floor
Madison, WI 53715
info@precollege.wisc.edu

Instructions to the Student and Parent/Guardian:

- A. If you are an international student or your family is not eligible for Free or Reduced Lunch, you will need to provide your income and household information from your most recent tax return or income report.
- B. If you are a domestic student and your family is eligible for Free or Reduced Lunch with the school, "Section 2" needs to be filled out and signed by a school official. **International students** do not need to fill out section 2.

All scholarship materials are due to the Badger Precollege office. They can be emailed or mailed to the address or number on this form. Any questions concerning the financial aid application process can be directed to info@precollege.wisc.edu.

Section 1: Family Completes

Name Last		First		M.I.	
Street Address		City	State	Zip	
Date of Birth		Preferred Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other _____			
Check all that apply <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Black or African-American <input type="radio"/> Asian <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Hispanic or Latino <input type="radio"/> White or Caucasian					
Current Grade Level <input type="radio"/> 9 th Grade <input type="radio"/> 10 th Grade <input type="radio"/> 11 th Grade <input type="radio"/> 12 th Grade			School Attending and School District Name		

Please fill out this information ONLY if you are an international student OR you do not qualify for free or reduced lunch in Wisconsin.

Yearly income amount as listed on your most recent tax return or income report: \$ _____

Number of individuals in your household: _____

I HEREBY AUTHORIZE that the information provided is true and accurate to the best of my knowledge.

I HEREBY AUTHORIZE release of my child's verification of Free or Reduced Price School Meals eligibility (if applicable).

Signature of Parent/Guardian X	Date Signed
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Section 2: School Completes

****This section should only be completed for WI students eligible for Free/Reduced lunch.**

Instructions to the Principal, Food Service Authorized Representative, or Administrative Staff Member:

Please verify that this student is eligible for Free or Reduced Price School Meals and forward this application form using student contact information listed above.

Is this student eligible for Free or Reduced Price School Meals? ☐ Yes ☐ No

I have verified that this student is eligible for Free or Reduced Price School Meals and I recommend this student for a need-based scholarship.

Name of Authorized Representative	Title	Telephone Area/No.
Verification Signature X		Date Signed