

# **FALL CREEK AREA FOUNDATION SCHOLARSHIP QUESTIONNAIRE**

Please fill out and return with the DONOR FORM to  
The Fall Creek Area Foundation  
PO BOX 412  
Fall Creek, WI, 54742

## **Name of NEW Scholarship:**

(Is it in memory of someone? Is it for students going into a certain field of study? Is it for students who participated in specific types of events. For example: The Robert Ziemann Health Science Scholarship)

## **Biographical Information:**

(What is your connection with the Community and/or School in Fall Creek?)

## **Scholarship Determining Factors:**

(Is there a GPA standard, or class-ranking you would like to include? Should the student have participated in a certain club, sport or community activity? Should the student be going into a specific field of study?)