



2018-2019 Lenz Family Endowment Scholarship Recipient/Alternates Selection Form

The School District of _____ has selected the following students for the _____ Scholarship from our district.

Recipient Name: _____

Alternate Name 1: _____

Alternate Name 2: _____

I certify that the above named students were selected by the scholarship committee to receive (or be the alternate for) the _____ Scholarship. I certify that the students, to the best of my knowledge, meet the eligibility criteria contained in the application.

(Printed Name of Counselor)

(Signature of Counselor)

(Date)

Please return to Gina Udelhofen, Southwest Wisconsin Technical College Foundation, 1800 Bronson Blvd., Fennimore, WI 53809, E-mail to: gudelhofen@swtc.edu or call with questions, 608-822-2348.