



WP Beverages – Pepsi Community Scholarship

Completed application must be submitted by March 31, 2023.

Date	
Full Name	
Home Address	
City ST ZIP Code	
Home Phone	
Email address	
High School Attended	
College/University/Vocational/Technical school attended if applicable (current undergrads only):	
Name of College/University/Vocational/Technical school you plan to attend in upcoming academic year:	
Have you applied for admission?	
Have you been accepted?	
Please include the following saved as PDFs with the completed application:	
<ol style="list-style-type: none">1. A personal statement (minimum 250 words, maximum 500 words) addressing each of the following three questions:<ol style="list-style-type: none">a. How do you demonstrate a leadership role in your school or community?b. What have you learned through your involvement in the activity you described?c. How does this learning connect to your larger educational and/or life goals?2. A reference letter from a person (not family) who is familiar with you and the community service activities you provided or participated in. The letter must recognize your commitment to the community and must cite specific examples of the service(s) you have provided to the community.3. A list of your involvement in your school and/or community: Honors/Awards, Extracurricular Activities, Community Service, Volunteering, Work Experience, etc.4. Academic Transcript.	

Application Deadline	
All applications need to be submitted to pepsi.scholarship@wbppepsi.com by March 31, 2023 .	
If selected as recipient of the WB Beverages Community Scholarship, will you provide your senior photo and a signed photo release? Yes No	
Agreement and Signature of Applicant	
By submitting this application, I affirm that the facts set forth in it are true and complete. I understand any false statements, omissions, or other misrepresentations made by me on this application may result in rejection of this application.	
Name (printed)	
Signature	
Date	
Parent Application Form if Applicant is under 18:	
Name of parent or guardian completing this form:	
Home address:	
Phone:	
Do you have any dependents other than your own family or other extenuating circumstances that should be considered? If yes, please explain:	
Note here any statements you may wish to make which assist the scholarship selection committee in consideration of the applicant:	
Agreement & Signature of Parent/Guardian:	
I affirm that the statements above are true and complete. I understand any false statements, omissions, or other misrepresentations made by me on this application may result in rejection of this application.	
Signature of parent or guardian:	
Date:	

RELEASE OF INFORMATION

I hereby certify that any information needed regarding my scholarship requirements be made available to the Director of the Dickinson Area Community Foundation and the WP Beverages – Pepsi Community Scholarship Committee.

Signature of Applicant: _____ Date: _____

In partnership with Dickinson Area Community Foundation



FOR GOOD. FOR EVER.