



THE BROKOPP FAMILY SCHOLARSHIP
(Lancaster Scholarship Foundation, Inc.)
\$500



Created in February 2022 by the Brokopp Family members who graduated from Lancaster High School and who wish to express their appreciation for the education they received.

Florence Hupenbecker-Brokopp '35 Wesley Brokopp '58 John Brokopp '63 Arlen Brokopp '64 Steve Brokopp '65
Shirley Baker-Brokopp '66 Charles Brokopp '67 Connie Bailie-Brokopp '69 Arlene Brokopp-Robson '71 Arletta Brokopp-Hull '71
Susan Brokopp '87 Sheryl Brokopp '88 Allen Brokopp '93 David Brokopp '96 Crystal Roech-Brokopp '99

The Brokopp Family Scholarship is awarded to a LHS senior who will be continuing their education in the field of:

Primary Consideration: Health-related or Education-related at the Southwestern Technical College in Fennimore, the University of Wisconsin-Platteville, or the University of Wisconsin-Madison.

Secondary Consideration: Applicants who enroll in health, educational, or scientific fields at other technical colleges or state universities in Wisconsin.

CRITERIA:

1. Applicant must be a full-time senior at Lancaster High School who has completed their last two years at LHS.
2. Applicant must be enrolled in an accredited **two or four-year** post-secondary program

APPLICATION REQUIREMENTS:

- Submit the completed application by the announced deadline.
- Attach one letter of recommendation. Acceptable references must have known the applicant within the last year-and-a-half.

SELECTION:

Scholarship recipients will be chosen by the Lancaster Scholarship Foundation Committee.

PAYMENT:

The scholarship recipient will receive payment after successfully completing their first semester of post-secondary education and providing proof of full-time enrollment for the second semester at an accredited college. Successful completion of the first semester is defined as completing a minimum of 12 credit hours and maintaining good academic standing (not being on academic probation or dismissed from school). Extenuating circumstances will be considered on an individual basis.



THE BROKOPP FAMILY SCHOLARSHIP APPLICATION FORM



Name:	Address:
Email Address:	
Parent(s) Name:	
College You Plan to Attend:	
Major/Program You Plan to Take:	
Have You Applied?	Have You Been Accepted?

Note: Right click to insert more rows if needed or submit a separate document.

Community Service Activities	Dates

Work Experience	Dates

Extracurricular Activities/Organizations	Dates

Leadership Positions	Dates

Honors & Awards	Dates
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I submit that the information contained on this application is true and accurate to the best of my ability.

_____ Applicant's Signature	_____ Date.
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