

# The FOUNDATION

OF THE WISCONSIN AUTOMOBILE & TRUCK DEALERS ASSOCIATION

## Technician Scholarships

Automotive \* Diesel  
Auto Collision \* Motorcycle

and

***Snap-on***  
***Industrial***

Tool Awards

## APPLICATION FORM

Deadline: January 15, 2017

### Program Partners:

GREATER MILWAUKEE  
FOUNDATION  
Kenneth & Janet Pike Family Fund



Wisconsin Automobile & Truck Dealers Association



150 East Gilman Street, Suite A  
Madison, WI 53703  
(608) 251-4631

Fax: (608) 251-4379  
e-mail: [jlolson@watda.org](mailto:jlolson@watda.org)  
Website: [www.watda.org](http://www.watda.org)



## SCHOLARSHIP INFORMATION

The Foundation of the Wisconsin Automobile and Truck Dealers welcomes your application for an Automotive, Diesel, Auto Collision or motorcycle Technician Scholarship.

### SCHOLARSHIP AWARDS

Scholarship amounts vary and may be valued up to full tuition. Scholarships are based on funding availability.

- Scholarships are paid each semester depending on the specific program. For example a \$3,000 scholarship will be paid over 4 semesters (fall & spring) at \$750 per semester. A semester grade point average of 2.8 must be maintained to be eligible for payment.
- Tool awards valued over \$3,600 are provided by Snap-on Corporation, Kenosha, WI.
- Auto Collision Technician Scholarships funded by Wisconsin Auto Collision Technicians Association, Ltd. (WACTAL) are available to students planning to attend a Wisconsin technical college that is a member of WACTAL.

### ELIGIBILITY

**All applicants for any of the above scholarships must:**

- Be a Wisconsin resident.
- Have a **valid driver's license** with a **good driving record**.
- Be a high school graduate or high school senior graduating in 2017.
- Plan to attend or currently be enrolled (with an anticipated graduation date no earlier than the spring of 2018) in an automotive, auto collision or diesel technician program at a NATEF-certified Wisconsin technical college.
- Plan to pursue a professional career in the automotive, diesel or auto collision industry.
- High school students must submit their ACT (or ACCUPLACER) test scores and complete two additional on-line tests. **Testing should be completed by January 15, 2017.**
- Current technical college students do not need to complete the assessment tests, but they will need to send in their transcripts from their first semester as soon as it is available.

### SELECTION

- Applicants will be evaluated on the basis of information provided in the application, high school and/or technical college transcripts, letter of recommendation, and test scores.
- All applicants selected as finalists will be invited to a personal interview with representatives from The Foundation, local technical college and local dealership.
- When possible, students are placed in sponsoring dealerships with part time employment to provide on the job training and mentoring.
- Scholarships are awarded from May through October, based on funding availability.

# SCHOLARSHIP APPLICATION FORM

Full Legal Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_ Parents/Home Phone: \_\_\_\_\_

Preferred Address: \_\_\_\_\_ Prefer to be called: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ County: \_\_\_\_\_

Alternate Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ e-mail: \_\_\_\_\_

High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

1. Name of **NATEF-Certified Wisconsin Technical College** you are planning to attend: \_\_\_\_\_

a. Please check the box below for the program in which you intend to enroll:

Automotive	Diesel	Auto Collision
<input type="checkbox"/> 2 Yr. Associate Degree <input type="checkbox"/> Ford ASSET <input type="checkbox"/> GM ASEP <input type="checkbox"/> Mopar CAP <input type="checkbox"/> Honda PACT <input type="checkbox"/> 2 Yr. Technical Diploma <input type="checkbox"/> 1 Yr. Technical Diploma <input type="checkbox"/> Technical Certificate	<input type="checkbox"/> 2 Yr. Associate Degree <input type="checkbox"/> 2 Yr. Technical Diploma <input type="checkbox"/> 1 Yr. Technical Diploma	<input type="checkbox"/> 2 Yr. Associate Degree <input type="checkbox"/> 2 Yr. Technical Diploma <input type="checkbox"/> 1 Yr. Technical Diploma
<input type="checkbox"/> <b>Motorcycle</b>		

b. If you are already attending technical college, how many semesters do you have left? \_\_\_\_\_

c. Anticipated date of graduation from technical college: \_\_\_\_\_

2. List automotive related activities in which you have participated (such as Auto Tech/Auto Collision Youth Apprenticeship, Automotive Youth Educational Systems (AYES), SkillsUSA, Technical College Skills Competitions, trouble shooting contests, etc.):

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3. List other activities in which you have participated (sports, music, community, volunteer, charitable, etc.):

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4. List honors and awards received (such as National Honor Society, Scouts, etc.):

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5. What do you feel are your academic strengths and weaknesses?

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6. Discuss some of your long-term goals in the auto/truck retail industry:

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7. Are you currently working in the automotive/truck industry?     \_\_\_ Yes     \_\_\_ No

If yes, where? \_\_\_\_\_

Service Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

8. Do you have a valid driver's license with a good record?     \_\_\_ Yes     \_\_\_ No

**Required Signature:**

To the best of my knowledge, I have provided WATDA full information concerning all questions on the application. I agree to report to WATDA all factors and documentation, including assessment evaluations, transcripts and attendance information, which could affect consideration of my application. I understand that failure to provide true and complete information could mean forfeiture of scholarship funding and tools.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

**COMPLETE APPLICATIONS INCLUDE:**

- The completed application form.
- One letter of recommendation from a person such as former teacher or high school counselor, local auto or truck dealer, minister or priest, employer or neighbor.
- The completed evaluation form, preferably completed by your automotive instructor or employer.
- Your high school transcript. If your school does not use a 4.0 scale, please have your GPA converted to a 4.0 scale before submitting it. You may send additional transcripts as they become available and they will be added to your file. **Current technical college students must also provide their first semester technical college grades.**
- Testing: Provide your ACT (or ACCUPLACER) test scores **and** send an e-mail to [jlolson@watda.org](mailto:jlolson@watda.org) to request to have the Bennett Mechanical and DAT Spatial tests sent to you. ***Current technical college students are exempt from this requirement.***

**Application Process must be completed by January 15, 2017.** All documents should be sent to:

**The Foundation WATDA  
150 East Gilman Street, Suite A  
Madison, WI 53703**

**Fax: 608-251-4379  
e-mail: [jlolson@watda.org](mailto:jlolson@watda.org)**

**Incomplete applications will not be considered. Be sure to keep copies for your records.**

Questions concerning this process can be directed to Julie Olson, Program Director at 608-251-4631 or e-mailed to [jlolson@watda.org](mailto:jlolson@watda.org).

**To be completed by automotive instructor or advisor.** May be completed by another teacher or employer if student does not currently have an automotive instructor.

Name of scholarship applicant: \_\_\_\_\_

Please rate this applicant with respect to the following:

	Low		Average		High	Comments
Intellectual Ability	1	2	3	4	5	_____
Responsibility, Dependability	1	2	3	4	5	_____
Academic/Professional Growth Potential	1	2	3	4	5	_____
Leadership	1	2	3	4	5	_____
Ability to Work with Others	1	2	3	4	5	_____
Motivation/Initiative	1	2	3	4	5	_____
Communication Skills	1	2	3	4	5	_____

What are the applicant's strongest characteristics and abilities? \_\_\_\_\_

What factors do you think we should particularly consider in our evaluation of this applicant? \_\_\_\_\_

Additional comments necessary for evaluation of this applicant: \_\_\_\_\_

Length of time you have known applicant: \_\_\_\_\_ In what capacity? \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department or Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ e-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you!**

Please return this form to:

Julie Olson, Program Director  
 The Foundation of WATDA  
 150 East Gilman Street, Suite A  
 Madison, WI 53703  
 e-mail: [jlolson@watda.org](mailto:jlolson@watda.org)  
 fax: 608-251-4379