

SAMPLE 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: _____ Email: _____

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"/> Motorcycle		

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.):

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

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

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

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

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 APPLICATION FILE INCLUDES:

- 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 email to 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 File must be completed by January 15, 2018. All documents should be sent to:

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

**Fax: 608-251-4379
Email: 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 emailed to jlolson@watda.org.