



READ DIRECTIONS CAREFULLY

**Directions for Completing  
the Scholarship  
Application**

**I. General Instructions for all applicants**

1. Must be completed by applicant;
2. Must be typewritten or legibly printed in ink;
3. The following documents are required and are to be included with the application:
  - High School Senior**
    - ◆ **Original application**
    - ◆ **Two letters of recommendation.**
      - **One from a WAMO member**
      - **One from a high school instructor**
  - Returning Adult Student**
    - ◆ **Original application**
    - ◆ **Two letters of recommendation.**
      - **One from a WAMO member**
      - **One from a Wisconsin Technical College instructor or from a past or present employer**
4. Mail completed application to the Western Technical College Foundation, PO Box 908,  
La Crosse WI 54602-0908 or  
Deliver completed application to Western Technical College Foundation Office, Administrative Center,  
Third Floor, 7<sup>th</sup> and Main St., La Crosse WI

**To be considered, scholarship applications with all required supporting documents  
will be considered until all awards are made.**

# WAMO Scholarship Application

**Average Scholarship Award  
\$1,000**

## Deadline for application: Open until awarded

Mail completed application to Western Technical College Foundation, P.O. Box 908, La Crosse, WI 54602-0908 OR

Deliver completed application to Western Technical College Foundation Office, Administrative Center, Third Floor, 7th & Main St, La Crosse, WI

Legal Name: \_\_\_\_\_  
Last First MI

Student ID: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## Address

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County \_\_\_\_\_ Telephone Number \_\_\_\_\_

## College Information

College you are planning to attend \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Program/Major: \_\_\_\_\_ Graduation Date: \_\_\_\_\_  
Complete Program Name

Length of Program  1  2 Other \_\_\_\_\_

What year of program/major are you currently in  first  second  other Explain \_\_\_\_\_

I am currently a  Full-time (12+ credits)  Part-time Student (under 12 credits) (Fall Semester)

I will be a  Full-time (12+ credits)  Part-time Student (under 12 credits) (Spring Semester)

## Scholarship Essays

1. Please describe your educational history, employment history, volunteerism, hobbies, interests, sports, clubs or organizations you are a member of including offices held, honors you have received and committees you serve/served on over the last two years.
2. What are your short and long-term goals and your plan of action to attain these goals? What role will your educational experience in college play in reaching these goals? Upon graduation how do you plan to contribute to your community both in your career and personal life?
3. Describe those circumstances you wish the Scholarship Evaluation Committee to consider when evaluating your application. For example, financial need, number of dependents, medical expenses, work, personal and/or family responsibilities, travel expenses.
4. Explain how you plan to pay for your education.

### Please read and sign:

*I certify that, to the best of my knowledge and belief, the scholarship information I provided is true correct and complete. I authorize the Western Technical College Foundation to obtain information to verify my eligibility for scholarships from my academic records, transcripts, and/or financial data, as well as my financial aid award letter.*

\_\_\_\_\_ *I grant my permission to release my name, program and address to the scholarship donor.*

\_\_\_\_\_ *I am a U.S citizen, national, refugee alien, or permanent resident alien.*

Applicant's Signature: \_\_\_\_\_



**Recommendation Form**

Name of Applicant \_\_\_\_\_ Program \_\_\_\_\_

Reference Name: (please print) \_\_\_\_\_ Reference Phone: (daytime) \_\_\_\_\_

Reference Title/Relationship \_\_\_\_\_

**Directions:**

1. **Applicant:** Fill in your name and program and ask an instructor/past or present employer and a WAMO member to complete this form. Your scholarship application will not be considered unless **two** recommendation forms are received.
2. **Reference:** Complete this recommendation form and written statement.
3. **Place in an envelope.** Sign your name across the sealed portion of the envelope.
4. Return the sealed envelope to the applicant.

*All information will be held in confidence. Thank you for your cooperation.*

**Section I Please check one of the following:**

- \_\_\_\_\_ I am an instructor/past or present employer of the applicant  
 \_\_\_\_\_ I am a WAMO member.

**Section II Please use the following scale to rate the application.**

Circle the number that corresponds to the most accurate description of the applicant's performance.

**The written statement in Section II should justify and/or explain the ratings given below.**

5 = Exceptional 4 = Above Average 3 = Average 2 = Below Average 1 = Poor

<b>Academic Progress or Personal Achievement</b> (Grades and/or quality of work)	5	4	3	2	1	NA
<b>Attendance/Reliability</b> (class attendance and/or dependability)	5	4	3	2	1	NA
<b>Attitude/Cooperation</b> (relationship with others)	5	4	3	2	1	NA
<b>Communication Skills</b> (ability to express ideas)	5	4	3	2	1	NA
<b>Leadership</b> (judgment and ability to lead and influence)	5	4	3	2	1	NA
<b>Motivation</b> (initiative, resourcefulness, self-starter)	5	4	3	2	1	NA
<b>Potential for Success</b> (ability to set and achieve goals)	5	4	3	2	1	NA
<b>Work Habits/Organizational Skills</b> (ability to plan, manage, and execute)	5	4	3	2	1	NA

**Comments:** (If you need more room please feel free to use the back of this page for additional comments)

Reference Signature \_\_\_\_\_ Date \_\_\_\_\_