

**Wisconsin Employment and Training Association, Inc.**

1213 N. Sherman Avenue • PMB 324 • Madison, WI 53704 • (608) 242-7425 • http://www.wetainc.org

2019 Student Scholarship Application

Brasch Memorial Scholarship

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2019 WETA Brasch Memorial Student Scholarship

Thank you for your interest in the 2019 WETA Brasch Memorial Student Scholarship. This scholarship is for under-resourced individuals enrolled in or planning to enroll in post-secondary education at an approved institution of higher learning. Applicants may be pursuing any course of study.

The **Brasch Memorial Scholarship:** John Brasch was one of the founders of WETA and remained an active member until his death. He was deeply committed to working with under-resourced students as a guidance counselor at North Central Technical College. This scholarship is one way that our organization honors the memory of an outstanding individual who contributed to our mission.

WETA's mission: Our purpose is to promote quality employment and training services and support the professionals who implement and administer those services for job seekers, workers and the employer community. For more information, visit the WETA web site at [www.wetainc.org](http://www.wetainc.org).

WETA adheres to laws and practices of non-discrimination on the basis of race, color, national origin, religion, gender, age, sexual orientation, and disability status.

The 2019 Brasch Memorial Student Scholarship is a $1,000 award payable to the awardee's education provider as indicated on the application. An awardee may receive only one scholarship. A WETA scholarship is a one-time, lifetime award. If you have been awarded a WETA scholarship in the past, you are not eligible to receive another.

Here are some important points to keep in mind as you complete the application.

1. Information provided is confidential. The WETA Scholarship Committee is appointed by the WETA Board of Directors to make award selections.
2. The scholarship awardee must be a Wisconsin resident and must be attending or plan to attend a Wisconsin public or private institution of higher education or a training program approved by the Wisconsin Educational Approval Board. A list of the approved private post-secondary training providers and programs can be found at the EAB website at <http://eab.state.wi.us/>.
3. The scholarship awardee must have graduated from high school or received a General Educational Development (GED) Diploma / Wisconsin High School Equivalency Diploma (HSED) from the Department of Public Instruction as stated in Chapter P15, Administrative Rule, effective date, July 1, 1988.
4. Applicants will be considered for the scholarship award based on an overall assessment of the applicant including the applicant's career and educational goals. Applicants must address each of the following areas:
	* academic achievement;
	* school and/or community involvement;
	* economic need;
	* personal expression of education and career goals; and
	* personal characteristics demonstrated on the application and recommendations.
5. Recommendations must be submitted by two people of your choice who are knowledgeable about your skills, interests and experiences. These are to be mailed by the recommenders directly to WETA at the address below.
6. An applicant may not be an immediate family member of a WETA Board member and/or Scholarship Committee member. "Immediate family member" is defined as a parent, spouse, sibling or child.
7. Applications must be complete. Do not alter the format of the application or nomination form. Please type or print the information neatly. Do not leave any area blank. For example, if you have not participated in school or community activities, provide a brief explanation.
8. The scholarship award will be presented at the 2019 WETA Annual Conference to be held at the Jefferson Inn in Wausau, WI. The awardee will be invited to attend the WETA luncheon on the afternoon of October 17th as an honored guest. Lodging and meals will be available for the evening either before or after the award presentation, compliments of WETA.
9. The awardee should use the scholarship for the 2019-2020 school year. However, scholarships may be held in abeyance for up to one year with the approval of the WETA Board of Directors.

The awardee will be notified of award status by email or US mail (as preference is indicated in the application) no later than September 25, 2019.

For more information, check the WETA web site at [www.wetainc.org](http://www.wetainc.org) or contact David Skattum at (608) 242-4583 or by e-mail at dskattum@eata.org.

 **Application Submission and Deadline:**

Do not email application materials.

Applicants and recommenders should mail completed application materials to:

 WETA Scholarship Committee

 Wisconsin Employment and Training Association, Inc.

 1213 Sherman Avenue, PMB #324

 Madison, WI 53704

###### Your WETA Student Scholarship application and two recommendations

**Must be postmarked no later than September 9, 2019The 2019 Brasch Memorial Student Scholarship**

# Personal Information

Applicant name Click or tap here to enter text.

Street Address Click or tap here to enter text.

City, State Click or tap here to enter text. Zip codeClick or tap here to enter text.

Telephone Click or tap here to enter text. E-mail address Click or tap here to enter text.

 Check one: I prefer to be contacted by [ ]  email [ ]  US mail

Have you applied for a WETA scholarship in the past? [ ]  yes [ ]  no

Recommenders' names we should expect to hear from:

|  |  |
| --- | --- |
| Name | Relationship to you |
|  |  |
|  |  |

# Employment

List current and/or most recent positions.

|  |  |  |  |
| --- | --- | --- | --- |
| Position title,name of employer,city, state | √ if current | Dates of employment | Hours per week |
|  | [ ]  |  |  |
|  | [ ]  |  |  |
|  | [ ]  |  |  |
|  |[ ]   |  |

If you are currently employed, what is your salary? $Click or tap here to enter text.

(check one) per hour [ ] or month [ ]

# Educational Information

PLANNED or CURRENT education: List training you are currently attending or you plan to attend.

(Note: if awarded a scholarship, this is the education provider to which WETA will send the scholarship funds.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and city of educational institution or training provider (must be in Wisconsin) | Names of program of study and anticipated credential | Actual or planned enrollment date | Expected date of completion | GPA |
|  |  |  |  |  |

PREVIOUS education: List high school, college, university, or short-term training you previously attended.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of previous school, city, state | Years attended | Name of diploma/certificate/degree | Completed? (yes/no) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# School and Community Involvement

|  |  |  |  |
| --- | --- | --- | --- |
| Name of organization,city, state | Main duties and responsibilities | Dates of involvement | Hours per week |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Statement of Economic Need

In 500 words or less, describe your overall resource situation and how you plan to use your financial and personal resources to be successful in school. List other scholarships or grants you are applying for. Be sure to give the scholarship committee an accurate picture of your resources and needs. For example, include the number of family members you are supporting.

# Other Information

1. In 100 words or less, tell us about your long-term goals and what you hope to accomplish as a result of your education.
2. In 100 words or less, describe a significant event or accomplishment in your life that reflects your values.
3. In 100 words or less, describe any special circumstances or information you want the committee to consider when evaluating your application.

# Certification and signature

By checking the box in front of each statement, I certify each of the following statements.

[ ]  The information I provided on this application is true and complete to the best of my knowledge.

[ ]  I am a Wisconsin resident and plan to attend the educational institution listed on this application in the 2019-2020 academic year.

[ ]  I am not an immediate family member (parent, spouse, sibling or child) of a WETA Board member or Scholarship Committee member, nor am I a WETA Board member.

[ ]  I have not received a WETA scholarship in the past.

Click or tap here to enter text. Click or tap here to enter text.

Signature of applicant Date

Click or tap here to enter text. Click or tap here to enter text.

##### Signature of parent if the applicant Date

##### Is under age 18

#####

##### To be considered, your completed application and two recommendations must be postmarked **no later than September 9, 2019** Recommendations should be mailed directly from the person completing the recommendation.

Mail to: *WETA Scholarship Committee*

*Wisconsin Employment and Training Association, Inc.*

*1213 N Sherman Avenue, PMB #324*

*Madison, WI 53704*

**2019 WETA Brasch Memorial Student Scholarship Recommendation**

**Must be postmarked no later than September 9, 2019**

**Instructions:** The applicant must provide authorization for the recommender by completing the information in the box. The recommender must complete the rest of the form and mail to

WETA Scholarship Committee

Wisconsin Employment and Training Association, Inc.

1213 N Sherman Avenue, PMB 324,

Madison, WI 53704

This box is to be completed by the applicant.

**Name of Applicant** (please print) Click or tap here to enter text.

**Authorization:** I hereby request and authorize that this recommendation be submitted to the WETA Scholarship Committee, Wisconsin Employment and Training Association, Inc.

Click or tap here to enter text. Click or tap here to enter text.

Applicant Signature Date

Recommender: We value your observations and opinions regarding the applicant. Please be as specific and objective as possible. Include any examples in the comments section. The scale will be interpreted as 5 = superior to 0 = not observed.

Cooperation …..…………… [ ] 5 [ ] 4 [ ] 3 [ ] 2 [ ] 1 [ ] 0

Initiative ……………………… [ ] 5 [ ] 4 [ ] 3 [ ] 2 [ ] 1 [ ] 0

Judgment ..….…….……….. [ ] 5 [ ] 4 [ ] 3 [ ] 2 [ ] 1 [ ] 0

Leadership ………………..… [ ] 5 [ ] 4 [ ] 3 [ ] 2 [ ] 1 [ ] 0

Organizational ability ..… [ ] 5 [ ] 4 [ ] 3 [ ] 2 [ ] 1 [ ] 0

Reliability ………….………… [ ] 5 [ ] 4 [ ] 3 [ ] 2 [ ] 1 [ ] 0

Respect for others ……… [ ] 5 [ ] 4 [ ] 3 [ ] 2 [ ] 1 [ ] 0

How long have you known the applicant? Click or tap here to enter text.

Relationship to the applicant (teacher, employer etc.): Click or tap here to enter text.

Please explain your overall reason(s) for supporting this applicant in 100 words or less:

Click or tap here to enter text. Click or tap here to enter text.

Name and title Phone

Click or tap here to enter text. Click or tap here to enter text.

Recommender Signature Date

Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.

Street Address City, State Zip

Click or tap here to enter text.

Email address

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Initiative ……………………… [ ] 5 [ ] 4 [ ] 3 [ ] 2 [ ] 1 [ ] 0

Judgment ..….…….…..…… [ ] 5 [ ] 4 [ ] 3 [ ] 2 [ ] 1 [ ] 0

Leadership ………………..… [ ] 5 [ ] 4 [ ] 3 [ ] 2 [ ] 1 [ ] 0

Organizational ability ..… [ ] 5 [ ] 4 [ ] 3 [ ] 2 [ ] 1 [ ] 0

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Name and title Phone

Click or tap here to enter text. Click or tap here to enter text.

Recommender Signature Date

Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.

Street Address City, State Zip

Click or tap here to enter text.

Email address