



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

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

# **2017 Scholarship Application**

**Harmon Memorial Scholarship**

**Brasch Memorial Scholarship**

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### 2017 WETA Scholarship Information

Thank you for your interest in the WETA Scholarship Awards.

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 scholarships are one way that our organization honors the memory of outstanding individuals who have contributed to our mission.

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 **Harmon Memorial Scholarship**: Dennis Harmon was a dedicated professional who spent most of his work life serving the needs of under-resourced and unemployed individuals through the development, operation, and management of education, employment, and training programs in Wisconsin.

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.

Each 2017 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. WETA scholarship awardees must be Wisconsin residents and must be attending or plan to attend a Wisconsin public 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/>. For other training providers, applicants may be asked to provide additional information about the education provider.
3. Scholarship awardees must have graduated from high school or received the 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.

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4. Applicants will be selected for scholarship awards based on a holistic view of the applicant including the applicant's:
  - 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 competencies, interests and experiences. These are to be mailed from 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. 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. Scholarship awards will be presented at the 2017 WETA Annual Conference to be held at the Heidel House in Green Lake, WI, on October 18 - 20, 2017. The scholarship awardees will be invited to attend the WETA luncheon on the afternoon of October 19<sup>th</sup> as honored guests. A room and meals will be available to each awardee for the evening either before or after the award presentation, compliments of WETA.
9. Students awarded scholarships should use them for the 2017-2018 school year. However, scholarships may be held in abeyance for up to one year with the approval of the WETA Board of Directors.

Each awardee will be notified of award status by email no later than September 30, 2017.

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](mailto:dskattum@eata.org) .

#### **Application Submission and Deadline:**

Do not email your application materials.

Mail your completed application and two recommendation forms to:  
WETA Scholarship Committee  
Wisconsin Employment and Training Association, Inc.  
1213 Sherman Avenue, PMB #324  
Madison, WI 53704

Your WETA scholarship application and two recommendations  
**must be postmarked no later than September 18, 2017**



## 2017 WETA Scholarship Application

### PERSONAL INFORMATION

Applicant name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail address \_\_\_\_\_

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 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? \$ \_\_\_\_\_ per hour or month (circle one)



**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 award 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

\*If not an institution of higher education or program approved by the Educational Approval Board, you may be asked to submit additional information.

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/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**

Describe your overall financial resource situation (including number of family members you are supporting) and how you plan to use these resources to attend training. List other scholarships or grants you are applying for, if applicable.

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**OTHER INFORMATION**

(Attach additional pages if needed.)

1. Tell us about your long-term goals and what you hope to accomplish as a result of your education.

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2. Describe a significant event or accomplishment in your life that reflects your values.

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3. Describe any special circumstances you feel the committee should consider in evaluating your application (i.e., personal, financial, academic).

Multiple horizontal lines for writing the response to question 3.

CERTIFICATION AND SIGNATURE

By initialing on the line 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 2017-2018 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.**

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent if the applicant  
Is under age 18

\_\_\_\_\_  
Date

To be considered, your completed application and two recommendations must be postmarked **no later than September 18, 2017**. 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*





**2017 Scholarship Recommendation**  
Must be postmarked by September 18, 2017

**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) \_\_\_\_\_

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

\_\_\_\_\_

Applicant Signature Date

**Evaluator:** 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
Judgement .....	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? \_\_\_\_\_

Relationship to the applicant (teacher, employer etc.): \_\_\_\_\_

Please explain your overall reason(s) for supporting this applicant. (Attach additional pages if needed.)

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\_\_\_\_\_  
Name and title Phone

\_\_\_\_\_  
Evaluator Signature Date

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

\_\_\_\_\_  
Email address

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name and title Phone

\_\_\_\_\_  
Evaluator Signature Date

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

\_\_\_\_\_  
Email address