WETA Scholarship Information

Thank you for your interest in the Wisconsin Employment and Training Association (WETA) Scholarship Awards. WETA has established scholarships to help students achieve their educational and career goals and strongly encourages individuals to apply regardless of race, color, national origin, religion, gender, age, sexual orientation or disability.

WETA Scholarships include the Harmon Memorial Scholarship and the Brasch Memorial Scholarship. Dennis Harmon was a dedicated professional who spent most of his work life serving the needs of the poor and unemployed through the development, operation and management of education, employment and training programs in Wisconsin. John Brasch was one of the founders of WETA and remained an active member until his death. He was deeply committed to working with the disadvantaged as a guidance counselor at North Central Technical College.

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

1. WETA Scholarships are designed to provide financial assistance to students who plan to attend or are attending an institution of higher education or a training program approved by the Wisconsin Educational Approval Board. A list of the approved private post-secondary training programs can be found at the EAB website at http://eab.state.wi.us/. For other training providers, applicants may need to provide assurance upon request as to the program's viability. For more information, check with the WETA contact person listed under item #10.

2. All information is strictly confidential, and the WETA Scholarship Committee appointed by the WETA Board of Directors will make award selections. Applicants will be selected for scholarship awards on the basis of:
   - Economic need
   - Personal characteristics
   - School and/or community involvement
   - Applicant's personal expression of training and career goals
   - Academic achievement
   - Wisconsin residency
   - Two recommendation forms completed by persons who are knowledgeable about the applicant's competencies, interests and experiences. One recommendation form must be completed by a WETA member. Contact the WETA Scholarship Chair through contact information provided in Item #10 for names of WETA members in your local area.

3. An applicant cannot be an immediate family member of a WETA Board member or of a WETA Scholarship Committee member. Immediate family member is defined as a parent, spouse, sibling or child.

4. Scholarships will be awarded only to those qualifying students who have graduated from High School, received the General Educational Development (GED) diploma or satisfactorily achieved the Wisconsin High School Equivalency Diploma (HSED) from the Department of Public Instruction as stated in Chapter P15, Administrative Rule, effective date, July 1, 1988.
5. In addition to submitting a completed WETA Scholarship Application Form, students attending an institution of higher education must complete and mail the Free Application for Federal Student Aid (FAFSA) or the Family Financial Statement (FFS) as early as possible after January 1 to the appropriate location. These forms may be obtained through the Guidance Office at any high school or Student Services Office at your local Technical College, UW-College/UW-Center, Private College or Wisconsin Educational Opportunity Office (Eau Claire, Ashland, Milwaukee, Racine, Wausau and Green Bay).

6. Application forms are required to be neat, readable and thoroughly complete. Do not alter the format of the application. Please type or print the information. Do not leave any area blank. For example, if you have not participated in school or community activities, provide a brief explanation.

7. The scholarship awards will be presented during lunch at the 2015 Wisconsin Employment and Training Association Annual Conference to be held in Wisconsin Dells, at the Kalahari Resort, on October 22, 2015. The scholarship winners will be invited to attend the WETA Conference as honored guests.

8. Students awarded scholarships should plan to use them for the 2015-2016 school year. However, scholarships may be held in abeyance for up to one year with the approval of the WETA Board of Directors upon written request from the scholarship winner. The WETA scholarship is a one time, lifetime award. If you have already been awarded a WETA scholarship in the past, you are not eligible to reapply.

9. The Scholarship Award may be utilized at the college, university, or other approved training provider indicated on the WETA Scholarship Application Form. Each applicant who qualifies and receives a scholarship will be notified through written documentation and the check will be sent to the Financial Aid Office of the higher education institution or to the training provider where the applicant is registered. Up to three scholarship of $1,000 scholarships will be awarded at the 2015 WETA Conference.

10. For more information or to obtain the names of WETA members in your area, contact David Skattum at (608) 242-4583 or by e-mail at dskattum@eata.org.

Application Submission:

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

The WETA Scholarship Application Form and 2 Recommendation Forms must be postmarked no later than September 30, 2015.
Wisconsin Employment and Training Association, Inc
Scholarship Application Cover Sheet

Personal Information

Name ______________________ (prior names used) ____________________________

Address ________________________________________________________________

City, State, Zip __________________________________________________________

Telephone _______________ E-mail address _________________________________

Student ID Number or last 4 digits of your Social Security # ____________________ or
Drivers License # __________________________
(Providing one of these identifying characteristics provides us an opportunity to verify past participation in the WETA scholarship application process).

Have you applied for a WETA scholarship in the past?
  o Yes
  o No
Comments: __________________________
_______________________________
_______________________________
_______________________________

Have you been awarded a WETA scholarship in the past?
  o Yes
  o No
Comments: __________________________
_______________________________
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The WETA scholarship is a one-time, lifetime award. If you have been awarded a WETA scholarship in the past you are NOT eligible to reapply.
Wisconsin Employment and Training Association, Inc
Scholarship Application Form

Educational Information
(List high school, college, university, or other short-term training you have attended or already completed.)

<table>
<thead>
<tr>
<th>School, City, State</th>
<th>Dates</th>
<th>Diploma/Degree</th>
<th>Completed (Yes/No)</th>
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(List training you are currently attending or you plan to attend.)*

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<thead>
<tr>
<th>Name of Institution or Training Provider</th>
<th>Name of Program</th>
<th>Current or Planned Enrollment Date</th>
<th>Expected Date of Completion</th>
<th>GPA</th>
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*If not an institution of higher education or program approved by the Educational Approval Board, you may be asked to submit additional information.

Employment (List current or most recent positions.)

<table>
<thead>
<tr>
<th>Position Title</th>
<th>Dates of Employment</th>
<th>Hours/Week</th>
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<tbody>
<tr>
<td>Name of Employer</td>
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If you are currently employed, what is your salary? $_______ per hour or month (circle one)
School and Community Involvement

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<tr>
<th>Name of Organization</th>
<th>Dates of Involvement</th>
<th>Hours/Week</th>
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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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If you are applying to attend an institution of higher education, you must file the Free Application for Federal Student Aid (FAFSA) or Family Financial Statement (FFS). Which form will you be filing? FAFSA______ FFS______
Other Information
(Attach additional pages if needed.)

1. Tell us about your long-term goals and what you hope to accomplish through education and training:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________

I certify that the statements contained in this application are true and complete to the best of my knowledge. I certify that I am not an immediate family member (parent, spouse, sibling or child) of a WETA Board member or WETA Scholarship Committee member.

_________________________  ________________________________  ________________
Signature of Applicant     Signature of Parent if under Age 18 Date

The completed application form and two recommendations must be postmarked no later than September 30, 2015. One recommendation must be from a WETA Member. All candidates will be notified of the committee’s decision by mail. Scholarships will be awarded at the WETA Annual Conference on October 22, 2015 in Wisconsin Dells at the Kalahari Resort.

Mail to:  
WETA Scholarship Committee
Wisconsin Employment and Training Association, Inc.
1213 N Sherman Avenue, PMB #324
Madison, WI 53704
**Wisconsin Employment and Training Association, Inc**  
**Scholarship Recommendation Form**

**Name of Applicant**

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

**Applicant Signature**

**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.

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<tr>
<th>Category</th>
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<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
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<td>Cooperation</td>
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</table>

**How long have you known the applicant?**

**Relationship to applicant (teacher, employer etc.):**

**Comments:** Please explain your overall reasons for supporting this applicant. Attach additional pages if needed.

**Evaluator Signature**

**Name/Title**

**Address**

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**Recommendation form must be postmarked by September 30, 2015**

**Send to:** WETA Scholarship Committee, Wisconsin Employment and Training Association, Inc, 1213 N Sherman Avenue, PMB 324, Madison, WI 53704
Wisconsin Employment and Training Association, Inc
Scholarship Recommendation Form

Name of Applicant

Authorization: I hereby request and authorize that this recommendation form 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 applicant (teacher, employer etc.): ________________________________

Comments: Please explain your overall reasons for supporting this applicant. Attach additional pages if needed.

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

Evaluator Signature ______________________________ Date ________________

Name/Title ______________________________ Phone ______________________________

Address ____________________________________________________________

Recommendation form must be postmarked by September 30, 2015
Mail completed application to: WETA Scholarship Committee, Wisconsin Employment and Training Association, Inc, 1213 N Sherman Avenue, PMB 324, Madison, WI 53704