

Student Number: \_\_\_\_\_

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

Student Name: \_\_\_\_\_

High School: \_\_\_\_\_

High School Grad Year: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

Program: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Campus Location: \_\_\_\_\_

Have you completed the FAFSA?: \_\_\_\_\_

How many credits do you plan to take in the following semesters?

Fall 2017: _____	Spring 2017: _____	Summer 2017: _____
	Spring 2018: _____	Summer 2018: _____

Please circle the number of persons in your household:

1      2      3      4      5      6      7      8      8+

Please check the category of your annual income:

_____ Less \$11,770	_____ \$11,770-15,930	_____ \$15,930-20,090
_____ \$20,090-24,250	_____ \$24,250-28,410	_____ \$28,410-32,570
_____ \$32,570-36,730	_____ \$36,730-40,890	_____ more than \$40,890

How are you planning to pay for school?

(i.e. receiving assistance from employer, loans, other scholarships, etc.)

Please complete page 2.

**Why do you feel you are deserving of the scholarship? Explain if you have overcome or are dealing with a difficult challenge.**

**Describe your short and long term goals. When you complete your program, what do you want to do?**

*I certify that this application was prepared by me and that the information provided is true, accurate, and complete. I also recognize that any falsified, misleading, or purposely omitted information will disqualify me from consideration and/or may require me to re-pay the scholarship at a later date. In addition, I grant Western Technical College Foundation authorization to consultant my academic records/transcripts, financial aid status, to verify scholarship eligibility and grant permission to release my name, address and program to the scholarship donor.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return completed application to the Western Technical College Foundation office.**

**Drop off:** Academic Resource Center, Room 221    **Mail:** 400 Seventh Street North, La Crosse, WI 54601  
**Or email a copy to** [Jaime Fortier at fortierj@westernnc.edu](mailto:Jaime.Fortier@westernnc.edu)    **Fax:** 608.789.4771    **Phone:** 608-785-9261