

SCHOLARSHIP APPLICATION

**FOR INTERNAL USE ONLY
to be verified by Financial Aid Office**

MGM or F ____ yes ____ no

Number of Credits ____

GPA ____

Two Recommendations ____

Transcript ____

Financial Aid ____

Area of Study _____

Renewal ____ yes ____ no



MILLER PARK SCHOLARSHIP



Name: _____

Scholarship: _____

I wish to attend technical college at: _____

Deadline Date: _____

The Miller Park Stadium District Community Program, Inc., in an effort to support the diverse community surrounding the Miller Park district, has established a scholarship program intended to increase the pool of minority group members and women who are qualified to perform construction work or construction-related professional services. Each semester, the technical college selects students and pre-students for consideration by the Miller Park Stadium District Community Program, Inc.'s board of directors.

GENERAL ELIGIBILITY REQUIREMENTS

- Applicants must be U.S. citizens.
- Applicants must be either a member of a minority group defined as African-American, Hispanic, Asian, Native American, Pacific Islander, or Alaskan Native; or female.
- Scholarship funds are available to qualified applicants for a number of educational and education-related needs including tuition, technical and professional equipment, textbooks, transportation, child care, and other expenses as approved. Students can receive up to \$1,500. Students who continue to meet the scholarship requirements are encouraged to apply every semester.

Unless otherwise stated, the completed application should be returned to the appropriate address below:

Milwaukee Area Technical College

Scholarship Clearinghouse
Milwaukee Campus, Room S223
700 West State Street
Milwaukee, Wisconsin 53233-1443
nicolaic@matc.edu

Gateway Technical College

Gateway Foundation
Attention: Ken Vetrovec
3520 30th Avenue
Kenosha, Wisconsin 53144
vetroveck@gtc.edu

Moraine Park Foundation Inc.

Attention: Valerie Krueger
235 North National Avenue
P.O. Box 1940
Fond du Lac, Wisconsin 54936-1940
vkrueger@morainepark.edu

Waukesha County Technical College

WCTC Financial Aid
Attention: Sue Petersen
800 Main Street
Pewaukee, Wisconsin 53072
spetersen6@wctc.edu

Please list all schools attended, starting with high school:

School and City _____ Dates _____ Diploma/Degree _____

School and City _____ Dates _____ Diploma/Degree _____

School and City _____ Dates _____ Diploma/Degree _____

If currently enrolled in a college program, please indicate college and program: _____

Current semester: 1st ____ 2nd ____ 3rd ____ 4th ____ Credits completed ____ Current Grade Point Average ____

COLLEGE AND/OR COMMUNITY INVOLVEMENT

Please describe any college or community involvement that you have had over the last two years. Include volunteer work, clubs, military, or organizations that you are a member of, offices held, honors you have received, and committees you serve/served on.

Name of Organization _____ Dates From _____ To _____

Details:

Name of Organization _____ Dates From _____ To _____

Details:

Name of Organization _____ Dates From _____ To _____

Details:

EMPLOYMENT

What employment experience have you had during the past five years? Please begin with your most recent job.

Name of Employer _____ Dates From _____ To _____ Hours/Week _____ Position _____

Type of work:

Name of Employer _____ Dates From _____ To _____ Hours/Week _____ Position _____

Type of work:

CAREER GOALS

Briefly describe your short- and long-term career goals and your plan of action to attain these goals.

PERSONAL STATEMENT

Briefly describe why receiving this scholarship would help you. Indicate any special circumstances that you would like the selection committee to consider when they review your application, for example: financial need, loss of employment, medical bills, supporting other family members.

Are you currently receiving any financial assistance to attend school? Yes No

If yes, please specify (i.e. grants, loans, DVR, veteran benefits, etc.) _____

I hereby authorize the release of all information on my scholarship application, including my GPA, to any organization legitimately wishing to consider me as a scholarship recipient. I also certify that the information I have submitted is true. I understand that falsification may result in the loss or forfeiture of any scholarship funds.

Signature _____ Date _____



MILLER PARK SCHOLARSHIP



SCHOLARSHIP RECOMMENDATION FORM

NAME OF APPLICANT: _____

YOUR NAME: _____

PHONE NUMBER: (DAYTIME) _____ (EVENING) _____

DIRECTIONS:

The written statement must be typewritten or legibly printed in ink. Use an additional sheet of paper if necessary.

Recommendation must be signed and dated.

Place in an envelope.

Sign your name across the sealed portion of the envelope.

Return the recommendation to the applicant.

SECTION I - Please check one of the following:

- I am an instructor of the applicant
- I am an employer of the applicant
- I am a counselor of the applicant
- Other *(please explain)* _____

SECTION II - Please use the following scale to rate the applicant. Circle the number that corresponds to the most accurate description of the applicant's performance. The written statement in Section III should justify and/or explain the ratings given below.

	1	2	3	4	
	Below Average	Average	Above Average	Exceptional	Not Applicable
Organizational Skills	1	2	3	4	NA
Attendance	1	2	3	4	NA
Meets Deadlines	1	2	3	4	NA
Quality of Work	1	2	3	4	NA
Ability to Communicate	1	2	3	4	NA
Responsibility and Dependability	1	2	3	4	NA
Leadership Skills	1	2	3	4	NA

SECTION III - Written Statement

Please provide a statement that would give insight to the selection committee regarding the applicant. Be sure to support any exceptional ratings from Section II. Use additional sheet if necessary.

Signature _____ Date _____