In order to ensure the application is processed accurately, please answer and TYPE all required information.

Email all items to:

Your Admissions Rep!

_____

Subject: HS Scholarship App

The Western Technical College Scholarship Committee will then review all entries

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Please complete!

Counselor Name:
_____

School District:

_____

Counselor's Phone:

_____

Verified by Western Tech:
Date Verified:

_____

Read Carefully:

For the scholarship committee to review your scholarship application, ALL items below must be turned in with the checked items below:

☐ Two (2) letters of recommendation from someone holding a professional position (i.e. teachers, employers, counselors). Letters cannot be from a family member. Letters must be in letterhead and signed. Please see instructions attachment.

☐ A typed 500–700-word essay (minimum). 1). What inspires you to pursue a career in your chosen program of interest? 2). What are your short term and long-term goals in your chosen career? 3). Why should you be considered for program acceptance in your chosen program of interest. Please include any activities, work experience, training, groups, organizations or community service you were a part of while in school. Please proofread for grammar purposes. Essay must include applicants full name, date, and signature.

☐ An official copy of your high school transcripts, (after the first HS senior semester).

I am a Senior at: _____(insert name of High School) and scheduled to graduate in 2024. I'm applying for a Career and Technology scholarship with Western Tech in the following area: *(only check one)*

☐ AOS Degree in Automotive Technology

☐

☐ AOS Degree in Diesel Mechanics

☐ AOS Degree in Refrigeration and HVAC Technology

☐ AAS Degree in Physical Therapist Assistant

☐ AAS Degree in Electronics Engineering Technology

☐ AAS Degree in Information Systems and Security

AAS Aerospace and Defense Technology

☐ Bachelor of Arts in Business Administration

☐

☐ Bachelor of Science in Nursing

☐ Certificate of Completion in Advanced Welding

☐ Certificate of Completion in Medical Billing & Coding

☐ Certificate of Completion in Medical Clinical Assistant

Certificate Commercial Driving Training

Applicant's Name _____

Email Address _____

Mailing Address _____

City_____ State_____ Zip Code _____

Area Code & Phone Number _____ Cell Number _____

Signature_____ Date _____

*If a scholarship is awarded, such scholarship holds no monetary value and is NOT transferable to other schools. The Scholarship is to be applied to tuition upon successfully completing the career program. Registration fees, tools, books and lab fees are required to be paid by the student and will vary according to course of study. **DEADLINE: Friday, April 4, 2025!***