

Michael Abrahamson

Memorial Scholarship Application

Date this application is being submitted:_____

Email address:_____

(I will email you when I receive this application and your 3 references)

Important! This application, your references, and transcript must be mailed to the Scholarship Committee Chairperson, Junior Prudlick, at 315 Maple St., Strum, WI. 54770-8400 or emailed to prudlickjrdeb@gmail.com no later than March 1. Applications will be accepted starting November 1 until March 1. Illegible applications will not be considered! Please type or write clearly in black ink.

1. Personal Data

Name_____ Birth Date _____

Permanent Address_____

Father's/ Guardian's Name_____

Address_____

Mother's/ Guardian's Name_____

Address_____

Are you currently a member of the Wisconsin Trappers Association? _____

How many years? _____

Are either of your parents/guardians Members of the W.T.A. _____

If so, how many years? _____

2. Education.

(A transcript of all high school and college courses is required. Be certain to request these items early because applications submitted without transcripts **will not be considered**)

High School(s) attended and dates_____

Colleges attended and dates _____

3. List major awards received.

4. List major hobbies

5. list extra-curricular activities including length of participation, and any leadership positions held.

6. Describe your work history.

Employer

Job

Hours/ week

7. Describe your volunteer history.

Organization

Activity

Hours/week

8. What career are you interested in? Why?

9. Where do you plan to attend school?

10. In what ways do your motivation and/or personality make you deserve consideration for this scholarship?

11. How do you plan to finance your education?

12. What do you anticipate your schooling costs will be for the coming year?

Tuition: _____

Room and meals: _____

Books and fees: _____

Extra expenses & travel: _____

Total: _____

13. Describe and special considerations like personal situations, military service, etc.

14. List the names and contact information of three (3) adults to whom you are giving the attached reference forms.

They must not be related to you, and they must know you currently. Two (2) must be school related (at least one teacher). The third must be a non- school related person (I.e. employer, minister, etc.) If you are presently in college, at least one teacher (professor or teaching assistant) reference must represent your college. (If your references will mail the reference form, the W.T.A. suggests, as a courtesy to your personal references, you provide each with an addressed stamped business sized envelope.) **Please follow up with your references. One of the main reasons that applicants are not considered is that all references are NOT received on time!!**

1.

2.

3.

15. Transcripts of your high school or college work are required. If they are not attached to this application at the time of submission, your application will not be considered. Requesting transcripts is your responsibility and not that of the Guidance Department at your school.

When you go to the Guidance Department to request your transcript, they will require written permission to release them. If you are 18 or over, your signature is usually sufficient. If you are under 18, a signature of your parents or guardians is required.

16. I certify that the information contained in this application is correct to the best of my knowledge.

I agree that, if I am awarded this scholarship through the W.T.A. and decide to change my major, not attend college, or continue a second semester, I will notify the W.T.A. Scholarship Committee Chairperson, Junior Prudlick, in writing by email or mail at 315 Maple St., Strum, WI. 54770-8400, as soon as possible.

Student Signature _____

Parent/Guardian (if student is under 18)

Your email address: _____

This is important! When I receive your complete application (including references) I will email you to confirm receipt. (I prefer emailed applications for ease of reply and sharing with committee members)

Email will be the only form of communication regarding this scholarship. However, if your scholarship application is chosen, you will receive a direct call from a committee member to inform you of your success!

Phone number at which you may be contacted:

Educational Expense Statement

(based on estimated expenses for the coming year)

Tuition \$ _____
Fees \$ _____
Books \$ _____
Travel \$ _____
Meals \$ _____
Housing \$ _____
Total Expenses \$ _____

Source of these estimates?

Approximately how much of these costs will be contributed by
parents/guardians or spouse?

The above financial data is true to the best of my knowledge.

Student Signature _____

Parent or Guardian Signature _____

Spouse Signature _____

Date _____

Wisconsin Trappers Association

Michael Abrahamson Memorial Scholarship

Reference

Signature of applicant _____

Your name has been given to us to help in evaluating a scholarship application by the above student. Any insight, based on your experience, that would aid us in our consideration and help us distinguish this applicant from others would be appreciated.

Please be as specific and frank as possible, yet concise. You need not list the applicant's activities, grades, or future. Those are reported within the application form. All information, including your reference, will be held in the strictest confidence.

Please email this completed form to **Junior Prudlick, Scholarship Committee Chairperson**, at prudlickjrdeb@gmail.com or mail to **315 Maple St., Strum, WI. 54770-8400**. It should be post marked no later than March 1. If your reference is not sent by that date, the students' application will not be considered.

	Below Average	Average	Above Average	Outstanding	Excellent
Scholarship					
Leadership					
Adaptability					
Initiative					
Reliability					
Integrity					
Self-Discipline					

How do you know the applicant? If teacher or coach, give the subject; if employer, give the company. Please include how long you have known the applicant and any additional comments. Please use more pages if you need. More details will help us decide!

Signature _____

Your Name (Print or type) _____

Place of Employment _____

Wisconsin Trappers Association

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