

Michael Abrahamson Memorial Scholarship Application

Date this application is being submitted: _____ Email address: _____

Date of graduation from your high school: _____

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

Important! This application, your references, and transcripts must be mailed or emailed to the Scholarship Committee Chairperson, Junior Prudlick, at P.O. Box 505, Strum, WI 54770-0505 or prudlickdj@trivest.net no later than March 1.

1. (Please type or print clearly in black ink)

2. Personal Data

Name _____ Birth Date _____

Permanent Address _____

Father's/Guardian's Name _____

Address _____

Mother's/Guardian's Name _____

Address _____

Father's Occupation _____ Employer _____

Mother's Occupation _____ Employer _____

Names and ages of other dependents in your household:

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

How many years? _____

Are either of your parents/guardians members of the WTA _____

If so, How many years? _____

3. 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 Schools attended and dates _____

Colleges attended and dates (including any college courses taken while in high school) _____

4. List major awards received.

5. List major hobbies.

6. List major extra-curricular activities in and out of school, including length of participation and any offices (leadership positions) held.

7. Describe your work history.

Employer

Job

Hours per week

Period worked

8. Describe your volunteer history.

Organization

Activity

Hours per week

Period worked

9. What career are you interested in? Why?

10. Why do you want to go to college?

11. Where do you plan to go to college? Why?

12. In what ways do your motivation and/or personality make you deserving of consideration for this scholarship?

13. How do you plan to finance your education?

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

Tuition: _____

Room & Board: _____

Books & Fees: _____

Total: _____

15. If you graduated as of June, from high school, please describe your activities since then (i.e. employment, education, military service, volunteer work, personal situation, etc.):

16. Please list the names, addresses, and business telephone numbers of the three adults to who you are giving the attached reference forms. They must not be related to you and they must know you currently. Two 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 assistance) reference must represent your college. (As a courtesy to your references, the WTA suggests you provide each reference with a stamped, standard business envelope)

1.

2.

3.

17. Transcripts of your high school and college work are required. If they are not attached to this application when it is submitted, your application will not be considered. Requesting transcripts is your responsibility and not that of the Guidance Department at your high school.

When you go to Guidance Department to request your transcript, they will require written permission to release it. If you are 18 or over, your signature is sufficient. If you are under 18, the signature of your parent or guardian is required.

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

I agree that, if I am awarded this scholarship through the WTA and decide not to go college, I will notify the WTA Scholarship Committee Chairperson, Junior Prudlick, in writing at P.O. Box 505, Strum, WI 54770-0505, as soon as possible

Student Signature _____ **Date** _____

Parent/Guardian Signature (if applicant is under 18) _____

Your email address: _____

This is important! When I receive this application, I will email you to let you know it's in my hands. Also, I will email you when I receive your scholarship reference forms from your advisors.

Emails will be the only form of communication regarding this scholarship. However, if your scholarship application is chosen, I will call you directly to give you the good news.

Phone number you can be reached at in case this happens: _____

Educational Expense Statement

(Based on estimated expenses for the coming year)

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

Sources of these estimates?

Approximately how much of the total cost will be contributed by parent(s)/guardian(s) or spouses?

What other sources are you going to use to pay for your education? List source and estimated amount.

The above financial data are true and correct to the best of my knowledge.

Signature of student _____

Signature of parent/guardian _____

Signature of spouse _____

Date _____

Wisconsin Trappers Association Michael Abrahamson Memorial Scholarship Reference

Name of applicant _____

Your name has been given to us for help in evaluating a scholarship application by the above student. Any insight based on your experience would aid us in our consideration and help us to 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 plans. Those are reported in the application form. All information, including your reference, will be held in strictest confidence.

Please mail this form to **Junior Prudlick, Scholarship Committee Chairperson, P.O. Box 505, Strum WI 54770-0505**. It should be postmarked no later than March 1. If your reference is not postmarked by that date, the student's 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, the company. Please include length of time you have known the applicant and any additional comments. Please use the back of the sheet if you need more space.

Signature _____

Your Name (please print or type) _____

Place of Employment _____

Business Telephone Number _____

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