Scholarship Overview Deadline: October 11, 2010

This award is given for recognition to a high school student who has made significant contributions to his/her respective Career and Technical Education (CTE) program. Consideration will be given to student achievement in certification course preparation, future plans for use of the certification, and industry experience obtained in the certification area.

**Eligibility:** Students must have taken and/or be enrolled in certification preparation course/courses within an **80 average or above at the time the application is submitted.** 

The scholarship award will be based on number of applicants and available funds. Scholarship reimbursement will follow successful certification test completion by the end of the first semester.

Checklist:  ☐ Questionnaire form ☐ Essay ☐ Signatures of student ,counselor and teacher
Nominators, please submit completed application to: 1. Carl Wunsche Sr. High School: Cynthia Williams 2. Spring High School: Kim Mangrum 3. Westfield High School: Tranita Carroll 4. Dekaney High School: Kristi Lynch

#### Required Information that must be included:

Questionnaire Form: Must be completed and neatly printed or typed. Incomplete applications will result in an immediate disqualification.

Essay: Must be a one page, double-spaced typed letter. (Times Roman, 12 Font)

- 1. What are you going to use this for?
- 2. Why do you need this scholarship financially?
- 3. Is there anything you want to share?

*Signatures:* Obtain all required signatures from the student, counselor, principals, recommenders, and teachers.

#### **Scholarship Application**

PERSONAL INFORMATION Nominee:    (Full Name)	Date:						
Home Address:    Zip Code:	PERSONAL INFO	RMATION					
Home Address:  Email Address:  Chone #:  Cell #:  Cell #:  Cost of Certification Test Applying for Scholarship:  Courses  Courses  Average  Grade Level  NDUSTRY EXPERIENCE	Nominee:						
Imail Address:    Cell #: ( )	(Full N	ame)					
Email Address:  Chone #:  Cell #:  Cell #:  Cell #:  Cost of Certification Test:  Courses  Course  Course	Iome Address:				Zip Code:		_
Cost of Certification Test: \$  COURSES  Rease list all Career and Technical Education courses, numerical averages for each course, and grade level in which ourse was taken.  COURSES  Rease   Average   Grade Level  NDUSTRY EXPERIENCE	Email Address:				- _ _ Cell #:	( )	
COURSES Please list all Career and Technical Education courses, numerical averages for each course, and grade level in which ourse was taken.  Courses  Average  Grade Level  NDUSTRY EXPERIENCE							
COURSES Please list all Career and Technical Education courses, numerical averages for each course, and grade level in which course was taken.  Courses  Average  Grade Level  NDUSTRY EXPERIENCE	Certification Test	Applying for S	Scholarship: _				
Please list all Career and Technical Education courses, numerical averages for each course, and grade level in which course was taken.  Courses Average Grade Level  NDUSTRY EXPERIENCE	Cost of Certificati	on Test: \$					
Courses Average Grade Level  NDUSTRY EXPERIENCE	Please list all Career a	nd Technical Educ	ation courses, nu	merical averaç	ges for each c	ourse, and grad	de level in which tl
NDUSTRY EXPERIENCE						Average	Grade Level
riease list all industry experience you have had in the certilication area.			vou bavo bad i	in the cortific	action area		
• • • •	rease list all lilious	siry expendince	you have had i	in the certific	alion area.		

OTHER AWARDS AND ACHIEVEMENTS Please list all community or non-school related awards and achievements.
EXTRACURRICULAR ACTIVITIES  Please list all extracurricular school activities that you have participated in.
riedse ilst all'extraculticular scribbi activities trat you have participated in.

#### **ESSAY**

On a separate page, please provide a one page, double-spaced typed essay (Times Roman, 12 Font) describing the reasons why you believe you are deserving of this certification scholarship award. Also, state your goals for using the certification.

#### **ONLY TO BE COMPLETED BY SCHOOL OR CTE COUNSELOR** Counselor Information: Student's Name: \_\_\_\_\_ Attendance Name (Please Print) Number of days student was absent: \_\_\_\_\_ Averages for Certification Preparation Course/Courses listed on Page 1 are confirmed Signature Date: (mm/dd/yyyy) \_\_ Nominee's Signature Date Certification Teacher (Please Print) Date Certification Teacher Signature Date