

Wisconsin Education Association Council Scholarship Application

IMPORTANT: Before starting to complete this application, be sure to read ALL the eligibility criteria located on Page 5 to ensure you are eligible to receive the WEAC scholarship.

NAME OF STUDENT APPLICANT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER (____) _____ HOME EMAIL _____

BIRTHDATE _____ AGE _____ SEX Male Female

RACE (optional):

American Indian/Eskimo or Aleut

Hispanic origin

Asian/Pacific Islander

Caucasian (not of Spanish origin)

Black

The Kathy Mann Scholarship is available to ethnic minorities. Please check here if you'd like to be considered:

I HEREBY AFFIRM that I intend to enter a school of higher education as a **full-time student with the purpose of pursuing a major or minor in education. I FURTHER AFFIRM that I intend to be employed in the education profession in the state of Wisconsin.** I understand that I must maintain a 3.00 average on a 4.00 point scale, continue to be enrolled in an education major or minor, and annually reaffirm this statement in order to remain eligible for the full four year scholarship.

DATE

STUDENT SIGNATURE

I, as parent/guardian of the above student, am a WEAC member in good standing. If I do not remain a WEAC member in good standing, I understand the student would become ineligible to continue to receive a WEAC scholarship, if awarded.

DATE

PARENT/GUARDIAN'S SIGNATURE

PLEASE NOTE:

1. Applications must be submitted on the approved WEAC application form. Incomplete applications or applications forwarded to WEAC postmarked later than February 1 will not be considered.
2. Answer all questions and complete all blanks in ink.
3. Use N/A (not applicable) where questions do not apply.



Return all forms to: WEAC-Scholarship Application
Wisconsin Education Association Council
P. O. Box 8003
Madison, Wisconsin 53708-8003

Affiliated with the National Education Association

Contact Ann Caruso at caruso@weac.org or 800-362-8034, ext. 219 with any questions.

FORMS MUST BE POSTMARKED NO LATER THAN FEBRUARY 1
School/Community Activity Record

A. Activity Record - School

Place an "x" in grade column for year of participation. Specify any offices held.

School Organization/Activities

9 10 11 12

	9	10	11	12

Awards/Honors/Achievements

9 10 11 12

	9	10	11	12

B. Activity Record - Community

Place an "x" in grade column for year of participation. Specify any offices held.

Community Organization/Activities

9 10 11 12

	9	10	11	12

Employment

9 10 11 12

	9	10	11	12

Personal Achievements

9 10 11 12

	9	10	11	12

C. Essay

Please state below, in 300 words or less, why you intend to enter the education profession and what you hope to accomplish.

D. Higher Education

Specify which higher education institutions you have applied to or been accepted to in order of interest:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

I hereby affirm that all the information submitted as part of my student application is true and complete to the best of my knowledge and understand that any false or missing information may disqualify me from consideration or receipt of the scholarship. I also affirm that the essay submitted as part of this student application is my own work.

DATE

STUDENT SIGNATURE

GUIDANCE COUNSELOR:

Student Applicant's class rank is _____ out of _____ total number of students.

Student Applicant's grade point average is _____ on a 4.0 non-weighted scale.

DATE

COUNSELOR SIGNATURE

CHECKLIST: The student applicant is responsible for the following:

- 1. Complete Application Form (this form)
- 2. Student Applicant's Essay
- 3. Two (2) Letters of Recommendation: Applicants are advised to carefully select those people who will complete the Letters of Recommendation. *It is imperative that the Letters of Recommendation accurately communicate the applicant's qualities and achievements.*
 - a. One (1) from a classroom teacher who is familiar with the student applicant's academic performance and school activities.
 - b. One (1) from a community member whose knowledge of the student applicant comes from outside the school setting and who is familiar with the student applicant's involvement in community activities.
- 4. Guidance Counselor Statement is signed by the student applicant's guidance counselor or by administrative personnel certifying the student applicant's cumulative grade point average on a non-weighted four-point scale and certifying class rank. (All A's = 4 points, B's = 3 points, C's = 2 points, D's = 1 point, F's = 0 points.)
- 5. **OFFICIAL TRANSCRIPT IS REQUIRED** – Current official transcripts must accompany this application.

**** INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED ****

Member/Parent Information

FATHER OR LEGAL GUARDIAN:

NAME _____ TELEPHONE NUMBER _____

ADDRESS _____

MOTHER OR LEGAL GUARDIAN:

NAME _____ TELEPHONE NUMBER _____

ADDRESS _____

WEAC LOCAL AFFILIATE AND/OR REGION PARENT OR LEGAL GUARDIAN IS MEMBER:

FINANCIAL STATEMENT (To be filled in by parent or legal guardian of student applicants who wish to have financial need taken into consideration. Financial need may be used to select among otherwise qualified student applicants.)

FATHER OR GUARDIAN OCCUPATION: _____

WORK ADDRESS _____

MOTHER OR GUARDIAN OCCUPATION: _____

WORK ADDRESS _____

TAXABLE INCOME FROM YOUR MOST RECENT FEDERAL TAX RETURN (Line 37 on the 1040 form.)

NAMES AND AGES OF OTHER CHILDREN IN YOUR FAMILY: _____

Please specify any special needs, hardships or extenuating circumstances you would like to have considered by the committee.

I hereby affirm that the information provided in the Financial Statement is true and complete to the best of my knowledge and understand that any false or missing information may disqualify the student applicant from consideration or receipt of the scholarship.

DATE

PARENT OR GUARDIAN SIGNATURE

WEAC Scholarship Criteria for Eligibility and Evaluation

To be eligible for a WEAC Scholarship, the applicant must:

1. Be the child of a WEAC member in good standing. The applicant may also be the child of a person who died while holding membership.
2. Present a completed application consisting of:
 - a. This form;
 - b. A current official high school transcript;
 - c. An essay, not to exceed 300 words, stating why the applicant wants to enter the education profession and what he/she hopes to accomplish;
 - d. A statement signed by the applicant's guidance counselor or by administrative personnel certifying the applicant's cumulative grade point average on a four-point scale and certifying class rank; and
 - e. Two (2) letters of recommendation;
 1. One (1) letter must be from a classroom teacher who is familiar with the applicant's academic performance and school activities; and
 2. One (1) letter must be from a community member, outside the school setting, who is familiar with the applicant's involvement in community activities.
3. Be a high school senior.
4. Planning to pursue an education major or minor and intending to be employed in the education profession in Wisconsin.
5. The applicant must rank in the top 25% of his/her graduating class or have achieved a 3.0 cumulative grade point average (based on a non-weighted 4.0 scale) at the time of application. (All A's = 4 points, B's = 3 points, C's = 2 points, D's = 1 point, F's = 0 points.)
6. Show evidence of involvement in school and community activities.

The WEAC Scholarship is established to encourage entrance into the field of education by children of eligible members. Those chosen to receive the scholarship will be granted \$1,450 per year for up to four years of study, to be used to pay for all or part of the recipient's fees and tuition, provided they remain eligible.

WEAC Scholarship Continuation of Eligibility

1. In order to continue eligibility, a recipient must maintain a cumulative grade average of 3.00 on a 4.00 point scale and must continue to be enrolled in an education major or minor.
2. In order to continue eligibility after the first year of receiving a WEAC scholarship, a recipient's advisor must submit a statement signed by that advisor certifying that the recipient is enrolled in an education major or minor and is maintaining a 3.00 average on a 4.00 point scale. Such statement must be received by WEAC directly from the advisor no later than July 1 of each year. It is the responsibility of the recipient to ensure that the advisor writes and mails the appropriate statement in a timely manner.
3. A recipient may retain eligibility for up to one year of non-attendance at a college or university for health reasons. In order to retain eligibility the recipient must submit a statement from a physician explaining the reason(s) for non-attendance. Such statements must be submitted at the beginning of each school term. During the period of non-attendance the student will not receive the scholarship payments. Scholarship payments and eligibility will be extended for a time equal to the period of non-attendance for health reasons.
4. The recipient's parent must remain a WEAC member in good standing. If the recipient's parent/guardian dies while a WEAC member, the recipient would remain eligible to receive the scholarship.
5. If the parent's membership is not continued and the scholarship is discontinued, the recipient may appeal to the WEAC Board of Directors.

Student's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____