

Spring 2012 Scholarship Application

This form qualifies you for NTC Foundation scholarships to use for the Fall 2012 semester.

Deadline: Friday, February 24, 2012 - 4:00 p.m.

Please return to: **Student Services, Northcentral Technical College, 1000 W. Campus Drive, Wausau, WI 54401**
 (OR to the Student Services Office at any NTC Campus)

Legal Name: _____ NTC Student ID Number: _____

Male Female | Single Married | Date of Birth: _____ E-Mail: _____

Ethnicity: African American Hispanic Asian American Indian White Other: _____

ATTENTION STUDENTS!! MUST COMPLETE:

- Complete NTC Scholarship Application form.
- Attach one photocopy of completed application.
Failure to provide could affect outcome.
- Include at least one completed Scholarship Recommendation Form (sealed). *No more than three.*
- Current students: attach copy of NTC transcript.
- New students: provide most recent transcript from previous school. *Proof of GPA required.*
- Return entire application to Student Services.
Deadline: Friday, February 24, 2012 at 4:00 p.m.
- I plan to attend the Scholars & Donors Reception to receive my scholarship (*Wausau event: Tuesday, April 24, 2012, 4:00 p.m.*)

Permanent Address

Street: _____ Telephone Number: _____

City: _____ County: _____

State: _____ Zip _____ - _____ Township: _____

Local Address

Street: _____ Telephone Number: _____

City: _____ County: _____

State: _____ Zip _____ - _____ Township: _____

Education Information & Background

High School attended: _____ Graduation Date: _____

College attended: _____ Graduation Date: _____

NTC Campus you will/are attend(ing): Wausau Antigo Medford Phillips Spencer Wittenberg

Name of Program/Major: _____ Anticipated Graduation Date: _____

Associate Degree Program Diploma Program Certificate Program

For Continuing Students:

I am a currently (Spring 2012 semester): Full time (12+ credits) Part time (6-11 credits) 1-5 Credits

What semester of program/major are you currently in?

First Second Third Fourth Other _____ Explain _____

Grade Point Average: _____ (**Required**-NTC or if 1st semester whatever GPA used to enter NTC)

NOTE: If you are not a current NTC student and will be an incoming student for the Fall 2012 semester, please complete the **Incoming Student Section** below.

For Incoming Students:

In September 2012 I will attend NTC: Full time (12+ credits) Part time (6-11 credits) 1-5 credits

Grade Point Average: _____ (**Required**-whatever GPA you use to enter NTC)

Please attach copy of your most current high school or college transcript.

Career Goals

What are your short- and long-term goals and your plan of action to attain these goals? What role will your educational experience in college play in reaching these goals?

Activities

Please describe your community involvement over the last two years including unpaid volunteer work, clubs or organizations you are a member of, including offices held, honors you have received and committees you serve/served on, etc.. Upon graduation how do you plan to contribute to your community both in your career and personal life?

Personal Circumstances

Describe circumstances you wish the Scholarship Selection Committee to consider when evaluating your application (for example, financial need, number of dependents, medical expenses, work, personal and/or family responsibilities, and travel expenses).

Financial Need Statement

In the space below, explain how you plan to pay for your education. For example: loans, grants, work study, jobs that help fund your education. Please check box and/or explain:

Grants and/or Work Study (Financial Aid)

Loans—including Stafford, banks, etc.

Displaced Worker/Tuition paid by other source

Will the entire amount of your tuition and books be covered by this source? Yes No

Other Aid—including WIA, TRA, Veterans Administration

Will the entire amount of your tuition and books be covered by this source? Yes No

Please read and sign:

Scholarships are awarded in the form of tuition and book vouchers, which are placed directly into the student's account at NTC. Scholarships may affect your financial aid. Scholarships are specifically for NTC classes and are not transferrable. THESE ARE NOT CASH AWARDS.

I certify that all information is, to the best of my knowledge, true and correct, and I authorize the NTC Foundation to obtain information to verify my eligibility for scholarships from my academic records, transcripts, and/or financial data, as well as my financial aid award letter.

I hereby authorize the use of my name or comments from any scholarship-related documents and photos from scholarship events to be used for purposes of promoting additional scholarship opportunities for NTC students.

I REALIZE THAT THE SCHOLARSHIP OFFERED TO ME IS CONTINGENT UPON MATCHING RECIPIENTS TO SCHOLARSHIP CRITERIA AND THE AVAILABILITY OF FUNDS. SUCH FUNDS MAY BE REDUCED OR REVOKED IF THEY DO NOT BECOME AVAILABLE TO THE NTC FOUNDATION.

Applicant's Signature: _____ Date: _____

Check List

Some scholarships have very specific additional criteria. If you would like to be considered for these scholarships, this section must be completed. Please place an "X" beside any and all items listed below that apply to you and fill in the necessary blanks.

- I have current or past experience in the auto field: i.e. parts store, dealership, etc.
- I have interest in antique autos. Explain: _____
- I am a member of a credit union.
- I am a member of Connexus Credit Union.
- I am eligible for scholarships available to students with a criminal history.
- I am currently involved with dairy or agriculture.
- I am hearing impaired.
- I have a learning disability.
- I am registered at NTC's Disabilities Services Office.
- I am visually impaired.
- I am employed and work at least 30 hours per week.
- I am a member of the International Association of Administrative Professionals.
- I am a married parent with dependent children.
- I am enrolled in the Medical Transcription Certificate Program.
- I am a graduate of NTC's Alternative High School Program.
- I am a GED or HSED graduate of NTC's GOAL Program.
- I have an outstanding loan for educational purposes.
- I plan to stay in Central Wisconsin upon graduation.
- I am working toward a Psychology certificate.
- I am a resident of a community in central or northern Wisconsin with a population of 10,000 or less.
_____ (name of community).
- I have a rural background. Explain: _____
- I am a single parent with a dependent child/children.
- I am a member of the NTC _____ Student Club
(Office held/activities _____ date held _____).
- I have worked in the field of computers.
- I am currently working in printing or have a background in printing.
- I am 23 years of age or older.
- I am 35 years of age or older.
- I participate in musical activities. Explain: _____
- I am a member of St. Ladislaus Church in Bevent.
- I am/have been a patient of First Impressions S.C.
- My parent(s) is/are a member of the Building Inspectors Association of NE Wisconsin.
- I am an NTC Alumni. Program/degree: _____ Year of graduation: _____

Check List

Some NTC Foundation scholarships have additional criteria specified by our donors. By completing this portion of the form you may qualify for those as well. Please place an “X” beside any and all items listed below that apply to you and fill in the necessary blanks.

I am employed by or related to an employee of the following company(ies):

Company	Employee	Spouse	Dependent	Relationship
<input type="checkbox"/> Allied Health Chiropractic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Apogee Wausau Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> ASPIRUS Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Cardiovascular Associates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Central Wis Flex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Connexus Credit Union	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Crystal Finishing Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Denny’s Auto Tech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> E.O. Johnson Co.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Eye Clinic of Wisconsin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> First Impressions S.C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Gary Kohl. D.D.S. S.C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Gordon Aluminum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Graebel Companies Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Greenheck Fan Corp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Horak’s Automotive Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> IROW Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Innoviant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Intercity State Bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> J & D Tube Benders Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Kolbe & Kolbe or affiliates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Langlade Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Lincoln Wood Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> M & I Bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> M & I Wealth Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Marathon Cheese Corp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Marathon Electric Mfg.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Marathon Savings Bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Marshfield Clinic/Wausau	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> MBX Packaging Specialties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Memorial Health Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Midland Paper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Northcentral Technical College	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Norlen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Olson Tire & Auto	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Check List (Continued)

Please place an "X" beside any and all items listed below that apply to you and fill in the necessary blanks.

I am employed by or related to an employee of the following company(ies):

Company	Employee	Spouse	Dependent	Relationship
<input type="checkbox"/> O'Malley Olds Cadillac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Oscar J Boldt Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Packaging Tape Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Parson's of Antigo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Peoples State Bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Sartori Foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Schuette Metals Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Siemens Water Technologies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Storm-Tite International Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Time Federal Savings Bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Timeline Vinyl Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> UMR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Van Ert Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Volm Companies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Waukesha Bearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Wausau Coated Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Wausau Financial Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Wausau Homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Wausau Paper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Wausau Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> WEB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Weinbrenner Shoe Co.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Wisconsin Fuel & Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Scholarship Recommendation Form

Applicant: Fill in your name and ask an instructor, counselor, employer, clergy, or other non-related reference source to complete this form. Your scholarship application will not be considered unless a completed recommendation form is received. Recommendations are extremely important when awarding scholarships. **Please be sure you have your recommendation form(s) with your application when you turn it in.**

Reference: Complete this recommendation form and return it to the applicant in a sealed envelope with your name written across the sealed portion of the envelope. Applications are due by **Friday, February 24, 2012.** **Applications lacking a recommendation are incomplete and will be disqualified.** Thank you for your help.

Applicant's Name: _____ Program: _____

	5 Outstanding	4	3 Average	2	1 Below Average	Don't Know
Academic Progress or Personal Achievement (grades/quality of work)						
Attendance/Reliability (class attendance/dependability)						
Attitude/Cooperation (relationship with others)						
Communication Skills (ability to express ideas)						
Leadership (judgment and ability to lead and influence)						
Motivation (initiative, resourcefulness, self-starter)						
Potential for Success (ability to set/achieve goals)						
Work Habits/ Organizational Skills (ability to plan, manage, and execute)						

Comments Recommended: (If you need more space, please feel free to use the back of this sheet or attach a separate page).

Reference Name: _____ Title/Relationship: _____

Reference Signature: _____ Phone #: _____

How long have you known this individual? _____

NOTE: Please return this form in a sealed envelope with your name written across the sealed portion of envelope. Return to the student/applicant prior to the deadline date. Any forms beyond the deadline date need to be sent to: Sheila Rossmiller, WB, Northcentral Technical College, 1000 W. Campus Drive, Wausau, WI 54401.