



## ACHIEVEMENT SCHOLARSHIP APPLICATION

### **PURPOSE:**

Ogden-Weber Applied Technology College scholarships will be awarded to students based on current and past achievements to further their vocational/technical pursuits for employment.

### **APPLICATION DEADLINE:**

The Scholarship Screening Committee meets every month to evaluate scholarship applications. Scholarship applications must be received by the first Friday to be considered for that month's meeting. This year's schedule will be:

Oct 7, 2011

Nov 4, 2011

Dec 2, 2011

Jan 6, 2012

Feb 3, 2012

### **APPLICATION REQUIREMENTS:**

- Must be a U.S. citizen, or an eligible non-citizen (based on federal regulations)
- Must have attended 100 hours in program
- Must have 80% attendance from the prior month and 80% cumulative progress in current program to be considered
- Cannot be funded by a state agency
- Must be enrolled in a vocational/technical program that leads to a Certificate of Proficiency (no "math only", general education or accelerated classes)

### **SCHOLARSHIP INFORMATION:**

- Student must enroll for at least 15 hours per week in a program of 400 hours or more
- Student must maintain satisfactory progress and attendance as outlined in the Student Guidelines.
- Failure to maintain satisfactory progress and/or attendance will result in withdrawal of the scholarship.
- The scholarship must officially be accepted by the date listed in the award letter or the scholarship will be awarded to another applicant.
- Scholarships are not transferable and are only valid for the time frame indicated in the award letter.



Ogden-Weber Applied Tech College  
Achievement Scholarship Application

Student Name \_\_\_\_\_

Student ID Number \_\_\_\_\_

Address \_\_\_\_\_

City, Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Please answer ALL questions. DO NOT LEAVE BLANK!

Are you a U.S. citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a Utah state resident? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you received: High School Diploma \_\_\_\_\_ GED \_\_\_\_\_ Other (please state) \_\_\_\_\_

Name of program you are attending: \_\_\_\_\_

Approximate completion date: (must be answered) \_\_\_\_\_

There is a minimum of 15 scheduled hours per week requirement. How many hours per week will you be attending? \_\_\_\_\_ hrs per week

Will you be living with your parents while attending the OWATC? Yes \_\_\_\_\_ No \_\_\_\_\_

Will you be receiving ANY financial assistance toward your costs at the OWATC?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list:

<input type="checkbox"/> Dept. of Workforce Services	<input type="checkbox"/> Pell Grant	<input type="checkbox"/> Other
<input type="checkbox"/> State Office of Rehabilitation	<input type="checkbox"/> Employer Reimbursement	

Have you previously received a scholarship from the OWATC? Yes \_\_\_\_\_ No \_\_\_\_\_

If your answer is "yes", when did you receive it? \_\_\_\_\_

How many months were you awarded? \_\_\_\_\_

Would you like to be considered for a Minority Scholarship? Yes \_\_\_\_\_ No \_\_\_\_\_

<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic
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List any clubs or community activities you have been involved:

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Are you currently working in a job that is related to your OWATC training program?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please state your career goals, and briefly describe how training from the OWATC will help you obtain these goals:

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Why do you believe you should be awarded this scholarship? (Please include any unusual circumstances, personal or financial concerns.)

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Please attach one reference letter from someone who can attest to your professional behavior and personal character. This may be filled out by anyone except a relative. Sources of letters might be an employer, instructor, counselor, clergy, bishop, etc. Attachment A may be used or the person writing the reference may use their own letterhead.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CHECKLIST:**

- Letter of Recommendation
- Scholarship Application signed

