



### TUMMA Manufacturing Careers Scholarship

Student Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

High School: \_\_\_\_\_

High School Grad Year: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

Program: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Campus Location: \_\_\_\_\_

Have you completed the FAFSA?: \_\_\_\_\_

How many credits do you plan to take in the following semesters?

Summer 24 \_\_\_\_\_

Fall 24 \_\_\_\_\_

Spring 25 \_\_\_\_\_

Summer 25 \_\_\_\_\_

How are you planning to pay for school?

(i.e. receiving assistance from employer, loans, other scholarships, etc.)

Please complete page 2.

**Why do you feel you are deserving of the scholarship? Explain if you have overcome or are dealing with a difficult challenge.**

**Describe your short and long term goals. When you complete your program, what do you want to do?**

*I certify that this application was prepared by me and that the information provided is true, accurate, and complete. I also recognize that any falsified, misleading, or purposely omitted information will disqualify me from consideration and/or may require me to re-pay the scholarship at a later date. In addition, I grant Western Technical College Foundation authorization to consultant my academic records/transcripts, financial aid status, to verify scholarship eligibility and grant permission to release my name, address and program to the scholarship donor.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return completed application to the Western Technical College Foundation office.**

**Drop off:** Coleman Center, Room 130      **Mail:** 400 Seventh Street North, La Crosse, WI 54601  
**Or email a copy to** [Jaime Fortier at fortierj@westernnc.edu](mailto:Jaime.Fortier@westernnc.edu)      **Phone:** 608-785-9261