



370 Orbiting Drive, Mosinee, Wisconsin 54455  
 Phone: 800-472-0010 ext. 4 Fax: 715-257-6144  
 Website: <http://region2.weac.org>  
 E-mail: [region2@weac.org](mailto:region2@weac.org)

# WEAC Region 2 Scholarship Guidelines

## I. Purpose

The WEAC Region 2 Scholarship is established to encourage the pursuit of a post-secondary degree by the child of an eligible member. Region 2 will grant two scholarships to seniors who meet criteria set forth in the guidelines. The recipients will be awarded \$500.00 to be used to pay for the recipients' fees, tuition, or related expenses.

## II. Selection Criteria

- A. The applicant must be a senior, graduating from a Wisconsin public high school. The applicant's parent or legal guardian must be one of the following: **1) an active member of WEAC Region 2; 2) an active retired member who retired from a current WEAC Region 2 local; or 3) a deceased member who died while holding an active membership within a current WEAC Region 2 local.**
- B. The applicant must be a public high school senior planning to pursue a post-secondary degree at an accredited post high school institution (college, university, or technical school).
- C. 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.
- D. The applicant must show evidence of involvement in school and community activities.
- E. The selection committee shall give consideration to the following criteria which are to be weighted equally:
  1. grade point average;
  2. the applicant's essay;
  3. letters of recommendation;
  4. school and community activities.

The selection committee may consider other criteria such as special needs or extenuating circumstances as might appear on the application.

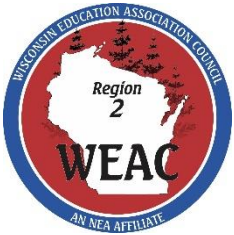
## III. Application

- A. An applicant must submit the following on a form provided by the committee:
  1. An affirmation or other information, as requested on the form, establishing that the applicant meets the selection criteria set forth in II. A, B, and C;
  2. Cumulative grade point average calculated on a non-weighted four-point system;
  3. Class rank;
  4. Score on the ACT test;
  5. A listing of the applicant's involvement in school and community activities.

- B. An applicant must also submit:
1. A current public high school transcript;
  2. Two letters of recommendation: one from a classroom teacher who is familiar with the applicant's academic performance and school activities and one from a community member, outside the school setting, who is familiar with the applicant's involvement in community activities;
  3. A word-processed essay, not to exceed 300 words, stating why the applicant wants to pursue a post high school education, what he/she hopes to accomplish, and what qualities the applicant possesses that will assist him/her in being successful in his/her post-secondary endeavor;
  4. A statement signed by the applicant's school counselor or by administrative personnel certifying the applicant's cumulative grade point average on a **non-weighted** four-point scale and certifying the applicant's class rank and ACT score.
- C. The application form shall include statements that no photographs are to be submitted and that **applicants are to submit only the information and documents specifically requested. No attachments are allowed unless the applicant's essay is submitted on separate pages.**

#### IV. Method of Payment

- A. Recipients of the WEAC Region 2 Scholarship will provide Region 2 the name and address of the institution they plan to attend.
- B. WEAC Region 2 will transmit the full scholarship amount of \$500.00 to the recipient's institution in the name of the recipient upon confirmation of fall registration. Confirmation of registration must be submitted to the WEAC Region 2 office no later than **August 1<sup>st</sup>**.
- C. WEAC Region 2 will arrange for the institution's registrar to apply the funds to the recipient's fees and tuition at the beginning of the fall term.
- D. The transmittal documents will require that funds which are not used by the institution in accord with IV. C. above shall be submitted directly to the student.



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# SCHOLARSHIP Application Form

The WEAC Region 2 Scholarship is established to encourage the pursuit of a post-secondary degree by the child of an eligible member. Region 2 will grant two scholarships to seniors who meet criteria set forth in the guidelines. The recipients will be granted \$500.00 to be used to pay the recipients' fees, tuition, or related expenses.

## CRITERIA FOR ELIGIBILITY AND EVALUATION

To be eligible for a WEAC Region 2 Scholarship, the applicant must:

1. Be a graduating senior, from a Wisconsin public high school. The applicant's parent or legal guardian must be one of the following: **1) an active member of WEAC Region 2; 2) an active retired member who retired from a current WEAC Region 2 local; or 3) a deceased member who died while holding an active membership within a current WEAC Region 2 local.**
2. Present a completed application consisting of:
  - a. This form;
  - b. A current public high school transcript;
  - c. A word-processed essay, not to exceed 300 words, stating why the applicant wants to pursue a post high school education, what he/she hopes to accomplish, and what qualities the applicant possesses that will assist him/her in being successful in his/her post-secondary endeavor.
  - d. A statement signed by the applicant's school counselor or by administrative personnel certifying the applicant's cumulative grade point average on a **non-weighted** four-point scale and certifying the applicant's class rank and ACT score;
  - e. Two letters of recommendation: one from a classroom teacher who is familiar with the applicant's academic performance and school activities and one from a community member, outside the school setting, who is familiar with the applicant's involvement in community activities.
3. Plan to pursue a post-secondary degree at an accredited post high school college, university, or technical school.
4. The applicant must rank in the top 25% of his/her graduation 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)*
5. Show evidence of involvement in school and community activities.

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**Deadline for completed applications to be RECEIVED in the WEAC Region 2 office:**

**FRIDAY, MARCH 13, 2020**

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# WEAC Region 2 Scholarship Application

NAME OF APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_

NAME OF PARENT OR LEGAL GUARDIAN \_\_\_\_\_

YOUR PARENT OR LEGAL GUARDIAN IS *(please check one)*

- an active member of WEAC Region 2  
 an active retired member who retired from a current WEAC Region 2 local  
 a deceased member who died while holding an active membership within a current WEAC Region 2 local

YOUR PARENT'S OR LEGAL GUARDIAN'S LOCAL ASSOCIATION IS \_\_\_\_\_

I HEREBY AFFIRM that the applicant's parent or legal guardian **listed above** is an active member of the \_\_\_\_\_ Education Association.

\_\_\_\_\_   
Date

\_\_\_\_\_   
Signature of Local Association Treasurer

I HEREBY AFFIRM that I intend to enter a school of higher education as a full-time student with the purpose of pursuing a degree.

\_\_\_\_\_   
Date

\_\_\_\_\_   
Signature of Applicant

## INFORMATION CHECKLIST

PLEASE NOTE:

1. The application must be submitted on the approved WEAC Region 2 Application Form. Incomplete applications or applications received in the WEAC Region 2 office later than the close of business on **Friday, March 13, 2020** will **NOT** be considered.
2. Answer all questions and complete all blanks in dark ink or word process.
3. Use N/A (not applicable) where questions do not apply.

***The applicant is responsible for the following. All forms must be complete.***

1. Complete Application (B-2) and School/Community Activity Record (B-3 & B-4)
2. The signature of the local association treasurer on page B-2 of this application verifying active membership status of applicant's parent.
3. The signature of the applicant's school counselor or administrative personnel on page B-3 of this application certifying the applicant's cumulative grade point average on a **non-weighted** four point scale and certifying class rank and ACT score.
4. Applicant's Essay (B-5)
5. Two letters of recommendation: one from a classroom teacher who is familiar with the applicant's academic performance and school activities and a second letter from a community member, outside the school setting, who is familiar with the applicant's involvement in community activities. Applicant is advised to carefully select the persons who will complete the letters of recommendation. It is imperative that the letters of recommendation accurately communicate the applicant's qualities and achievements.
6. Transcript required – Current transcripts must accompany this application.

**RETURN ALL FORMS TO:** WEAC Region 2 Scholarship Committee, 370 Orbiting Drive, Mosinee, WI 54455, Fax to 715-257-6144, or email to [region2@weac.org](mailto:region2@weac.org).

Do **NOT** submit photographs. Submit only the information and documents requested. No attachments are allowed unless the applicant's essay is submitted on separate pages.

**FORMS MUST BE IN THE REGION 2 OFFICE BY THE CLOSE OF BUSINESS ON FRIDAY, MARCH 13, 2020.**

# USE THIS FORM ONLY

## School/Community Activity Record

Please complete this record with information regarding your participation in organizations within your school or community. Please word process, if possible.

### ACTIVITY RECORD – SCHOOL

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

<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>School Organizations / Activities</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Cumulative grade point average calculated on a non-weighted four-point system** \_\_\_\_\_

**Class Rank** \_\_\_\_\_ **Number of students in graduating class** \_\_\_\_\_

**(at the conclusion of 6 OR 7 semesters; please specify)** \_\_\_\_\_

**ACT Score** \_\_\_\_\_

I HEREBY AFFIRM that the cumulative grade point average and class rank and ACT score of the applicant are correct.

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Date \_\_\_\_\_ Signature of School Counselor/Administrative Personnel \_\_\_\_\_

<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>School Awards / Honors / Achievements</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

### ACTIVITY RECORD – COMMUNITY

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

<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>Community Organizations / Activities</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>Employment</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**9 10 11 12 Community Awards / Honors / Achievements**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**9 10 11 12 Personal Achievements**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

I HEREBY AFFIRM that all the information submitted as part of my 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 application is my own work.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

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

_____
_____
_____
_____
_____

**ESSAY (Must be word processed)**

Please state, in 300 words or less, why you intend to pursue a post-secondary degree and what you hope to accomplish. Essay may be submitted on separate pages. (See page B-2)



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