| Off            | ice | Use | Only |
|----------------|-----|-----|------|
| Applicant #:   |     |     |      |
| Date Received: |     |     |      |

# ASA Northwest

## Buz Throndsen Automotive Scholarship Application

| Legal name in full:                               | TION                  |                                      |                 | Driver License | ے #· |
|---|-----------------------|--------------------------------------|-----------------|----------------|------|
| -   | Last Name             | First Name                           | M.I.            |                |      |
| Address:  |                       | Number, Street, and Apartment Number |                 | Birthdate:     |      |
|   |                       |                                      |                 |                |      |
| Home telephone:                                   | City                  | Marital Status:                      | State<br># of D | ependents:     | ZIP  |
| E-mail address:                                   |                       |                                      | 0. 2            | 00000000       |      |
|   |                       |                                      |                 |                |      |
| COLLEGE INFORMAT<br>Name of Educationa<br>Address |                       |                                      |                 |                |      |
| 71001035  | Number, Street, and A | partment Number                      |                 |                |      |
|   | City                  |                                      | State           |                | ZIP  |
| Counselor's Name                                  |                       |                                      | Telepl          | hone           |      |
| ASA MEMBER SUBN<br>Shop Name:                     | IITTING THIS APPLI    | ICANT                                |                 |                |      |
| Address   | Number, Street, and A | partment Number                      |                 |                |      |
|   | City                  |                                      | State           |                | ZIP  |
| Contact Person:                                   |                       |                                      | Telepl          | hone           |      |
| EDUCATION HISTOR<br>Are you currently en          |                       | ol? 🗌 Yes 🗌 No                       |                 |                |      |
| High School:                                      |                       |                                      | City/State:     |                |      |
| Date(s) Attended:                                 |                       |                                      |                 |                |      |
| Degree(s)/Certificate                             | es Earned             |                                      |                 |                |      |
| List Special Training:                            |                       |                                      |                 |                |      |
| High School Cumulat                               | ive GPA:              |                                      |                 |                |      |
| Counselor's Name:                                 |                       |                                      | Telepł          | hone:          |      |
| MILITARY HISTORY<br>Are you or have you           | enrolled in a branc   | h of the United States Military: 🗌 Y | es 🗌 No         |                |      |
| If yes, what branch:                              |                       | Are you enroll                       | ed in ROTC?     | 🗌 Yes 🗌        | No   |
| STUDY PLANS<br>What is your educati               | onal goal?            |                                      |                 |                |      |
| Length of time /num                               | ber of educational    | units for completion of above:       |                 |                |      |
| If currently attending                            | g college:            |                                      |                 |                |      |
| Number of college ci                              | redits earned to da   | te Total number of cre               | dits required   | for graduation |      |
| Expected date to rec                              | eive degree/gradu     | ate Degree you                       | will receive    |                |      |

#### **CAREER PLANS**

What are your plans after graduation? *Be as specific as possible* 

#### **AUTOMOTIVE RELATED ACTIVITIES**

Please describe any involvements in the automotive industry or special automotive orientated programs you have participated in.

Examples: VICA, Ford/AAA Skills Competition, etc.

Describe your technical education or technical projects:

**Describe any specialized tools you have used. Examples:** Robotics, metal shop, computer programming, or automotive related

#### **SCHOOL ACTIVITIES**

Please describe any school activities, clubs, or projects you have been involved with in the past three years. Be sure to indicate the number of hours involved and if you have served in any leadership roles.

**Examples:** student government, sports, publications, school sponsored community service programs, student-faculty committees, art programs, music programs, etc.

Please list any awards, publications, or special recognition/awards you have received (between 9-12<sup>th</sup> grade):

#### **COMMUNITY SERVICE ACTIVITIES**

Describe any school, church, charity, volunteer or occupational activities. Please list number of hours involved for each community service.

**Examples:** mission trips, boy/girl scouts, military service, etc.

| CURRENT EMPLOYMENT INFO<br>Current employer: | ORMATION          |                  |  |
|--|-------------------|------------------|--|
| Supervisor's Name:                           |                   | Telephone        |  |
| Job Duties/type of work:                     |                   |                  |  |
| Employment Dates:                            | Avg Hrs per week: | Salary per Hour: |  |

### ASA Northwest Ascettes – Buz Throndsen Automotive Scholarship Application (page 3)

| FINANCIAL INFORMATION<br>How much will it cost to complete your educ  | ation?   |  |  |  |
|---|--|--|--|--|
| How much of your school costs will be paid b  |  |  |  |  |
| Will you spend this scholarship money on tui  | tion or books?   |  |  |  |
| Are you (choose one):<br>Self-Supporting with Dependents: R<br>your household.  | esponsible for your own housing, food, transportation in addition to supporting dependent(s) in                      |  |  |  |
| Self-Supporting: Responsible for your o   | wn housing, food, transportation, insurance, etc. without any assistance from others.                                |  |  |  |
| Partial Support: Not responsible for how  | using/living costs, but responsible for transportation, insurance, etc.  |  |  |  |
| Full Support: Not responsible for any housing/living costs and have full financial support from others (parents, guardians, etc). |  |  |  |  |
| Have you received other scholarships? Please  | e explain:   |  |  |  |
| Do you plan to work while attending school?   | 🗌 Full Time 🗌 Part Time 🔲 Not at All   |  |  |  |
| Do you qualify for College Bound?   | No   |  |  |  |
|   | <u>um of 5 paragraphs</u> ) telling us about yourself and any other valuating your application for this scholarship. |  |  |  |
|   | Phone:   |  |  |  |
|   | Phone:   |  |  |  |
| information to the scholarship donor c  | ther agree that if I am selected for this scholarship, I will supply the on my progress.                             |  |  |  |
| Applicant Signature:  | Date:  |  |  |  |
| Please Find Enclosed:<br>Letter of Recommendation<br>Transcript   |  |  |  |  |
| I have requested the following be mailed of<br>Letter of Recommendation<br>Transcript   | direct:  |  |  |  |
| DUE DATE: Application must be received  | ed in ASA NW offices no later than April 10 <sup>th</sup> of each year   |  |  |  |
| Email Completed Application to:   | Mail Completed Application To:   |  |  |  |
| asanorthwest7403@gmail.com  | Scholarship Chairman   |  |  |  |
|   | ASA Northwest  |  |  |  |
|   | 7403 Lakewood Dr. West #7  |  |  |  |
|   | Lakewood, WA 98499   |  |  |  |