

Northwest Auto Care Alliance

Automotive Scholarship Application

Legal name in full:	TION			Driver Licens	se #:
_	Last Name	First Name	M.I.	_	
Address:		Number, Street, and Apartment Number	r	_ Birthdate:	
		,			
Home telephone:	City	Marital Status:	State # of D	Dependents:	ZIP
E-mail address:					-
COLLEGE INFORMA	TION				
Name of Educationa					
Address					
	Number, Street,	and Apartment Number			
	City		State		ZIP
Counselor's Name	=		Telep	hone	
NWACA MEMBER	Information				
Shop Name:					
Address	Number, Street,	and Apartment Number			
			_		
Contact Person:	City		State Telep	hone	ZIP
Contact i cison.			тетер	mone	
EDUCATION LUCTOR	NV				
Are you currently en		school?			
High School:	J		City/State	<u>:</u>	
Date(s) Attended:			,,		
Degree(s)/Certificat	es Earned				
List Special Training	<u> </u>				
High School Cumula					
Counselor's Name:			Telep	hone:	
NAULTA DV LUCTODY					
Are you or have you	enrolled in a b	oranch of the United States Military:	Yes No		
If yes, what branch:		Are you er	rolled in ROTC?	Yes [No
CTUDY DI ANG					
STUDY PLANS What is your educat	ional goal?				
Length of time /nun	nber of education	onal units for completion of above:			
If currently attendin	g college:				
Number of college of	redits earned t	o date Total number o	f credits required	for graduation	l
Expected date to re	ceive degree/gr	raduate Degree	you will receive		

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CAREER PLANS		
What are your plans after graduation?	Be as specific as possible	
AUTOMOTIVE RELATED ACTIVITIES		
	he automotive industry or special au	tomotive orientated programs you have
Examples: VICA, Ford/AAA Skills Comp	etition, etc.	
Describe your technical education or t	technical projects:	
	toomined projection	
Describe any specialized tools you have Examples: Robotics, metal shop, comput		4
Examples. Robotics, metal shop, compa	ter programming, or dutomotive related	-
SCHOOL ACTIVITIES Please describe any school activities,	clubs, or projects you have been invo	olved with in the past three years. Be sure to
indicate the number of hours involved Examples: student government, sports	•	rship roles. nunity service programs, student-faculty
committees, art programs, music prog	•	
Please list any awards, publications, o	or special recognition/awards you ha	ve received (between 9-12 th grade):
-	volunteer or occupational activities. I	Please list number of hours involved for each
community service. Examples: mission trips, boy/girl scout	s, military service, etc.	
CURRENT EMPLOYMENT INFORMATION Current employer:	ON	
Supervisor's Name:		Telephone
Job Duties/type of work:		
Employment Dates:	Avg Hrs per week:	Salary per Hour:

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	CIAL INFORMATION nuch will it cost to complete your education?
How n	nuch of your school costs will be paid by others?
Will yo	ou spend this scholarship money on tuition or books?
Are yo	u (choose one): Self-Supporting with Dependents: Responsible for your own housing, food, transportation in addition to supporting dependent(s) in your household.
	Self-Supporting : Responsible for your own housing, food, transportation, insurance, etc. without any assistance from others.
	Partial Support: Not responsible for housing/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 y	vou received other scholarships? Please explain:
Do you	u plan to work while attending school? 🔲 Full Time 🔲 Part Time 🔲 Not at All
Do you	qualify for College Bound?
inforr	e attach a separate essay (<u>minimum of 5 paragraphs</u>) telling us about yourself and any other nation that would be helpful in evaluating your application for this scholarship. ENCES
Na	me: Phone:
Na	me: Phone:
I certi know inforr	fy that all of the information and materials provided in and with this application to the best of my ledge are true and accurate. I further agree that if I am selected for this scholarship, I will supply the nation to the scholarship donor on my progress. cant Signature: Date:
I certi know inforr	fy that all of the information and materials provided in and with this application to the best of my ledge are true and accurate. I further agree that if I am selected for this scholarship, I will supply the nation to the scholarship donor on my progress.

<u>DUE DATE: Application must be received no later than April 10th of each year</u>

Email Completed application to:

info@nwautocare.org

Mail completed application to:
Scholarship Committee
NWACA
PO Box 99907
Lakewood, WA 98496