



Office Use Only
Applicant #: _____
Date Received: _____

Northwest Auto Care Alliance General Scholarship Application

STUDENT INFORMATION

Legal name in full: _____ Driver License #: _____
Last Name First Name M.I.

Address: _____ Birthdate: _____
Number, Street, and Apartment Number

City State ZIP

Home telephone: _____ Marital Status: _____ # of Dependents: _____

E-mail address: _____

COLLEGE INFORMATION

Name of Educational Facility: _____

Address _____
Number, Street, and Apartment Number

City State ZIP

Counselor's Name: _____ Telephone: _____

NWACA MEMBER INFORMATION

Shop Name: _____

Address _____
Number, Street, and Apartment Number

City State ZIP

Contact Person: _____ Telephone: _____

EDUCATION HISTORY

Are you currently enrolled in high school? Yes No

High School: _____ City/State: _____

Date(s) Attended: _____

Degree(s)/Certificates Earned: _____

List Special Training: _____

Current cumulative GPA: _____

Counselor's Name: _____ Telephone: _____

MILITARY HISTORY

Are you or have you enrolled in a branch of the United States Military: Yes No

If yes, what branch: _____ Are you enrolled in ROTC? Yes No

STUDY PLANS

What is your educational goal? _____

Length of time /number of educational units for completion of above: _____

If currently attending college:

Number of college credits earned to date: _____ Total number of credits required for graduation: _____

Expected date to receive degree/graduate: _____ Degree you will receive: _____

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CAREER PLANS

What are your plans after graduation (be as specific as possible)?

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 9-12th 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 INFORMATION

Current employer: _____

Supervisor's Name: _____ Telephone: _____

Job Duties/type of work: _____

Employment Dates: _____ Avg Hrs per week: _____ Salary per Hour: _____

FINANCIAL INFORMATION

How much will it cost to complete your education? _____

How much of your school costs will be paid by others? _____

Will you spend this scholarship money on tuition or books? _____

Are you (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 you received other scholarships? Please explain: _____

Do you plan to work while attending school? Full Time Part Time Not at All

Do you qualify for College Bound? Yes No

Please attach a separate essay (minimum of 5 paragraphs) telling us about yourself and any other information that would be helpful in evaluating your application for this scholarship.

REFERENCES

Name: _____ Phone: _____
Name: _____ Phone: _____

I certify that all of the information and materials provided in and with this application to the best of my knowledge are true and accurate. I further agree that if I am selected for this scholarship, I will supply the information to the scholarship donor on my progress.

Applicant Signature: _____ Date: _____

Please Find Enclosed:

- Letter of Recommendation
- Transcript

I have requested the following be mailed direct:

- Letter of Recommendation
- Transcript

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

Email Completed application to:
info@nwautocare.org

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