



## ASA ASCETTES GENERAL EDUCATION SCHOLARSHIP APPLICATION

Through one or more annual projects, the ASA Ascettes hereby establish scholarship funds to assist students who are entering, continuing, or completing their education above high school level. One will be awarded in the automotive field and one in general education.

Applicants must belong to the immediate family of Automotive Service Association Northwest (in good standing) and/or their employees and their immediate families. A selection criterion includes financial needs, demonstrated desire to further their education, and academic aptitude.

**Applicants may not apply if they were awarded the Ascettes Scholarship in the previous year.**

In addition to completing the attached application, applicants must submit one letter of recommendation completed by a recent faculty member, or recent employer if out of high school more than 2 years, and an academic transcript. Applications must be submitted by an ASA member in good standing.

The completed application, letter of recommendation and transcript must be received at the ASA Regional Office, **NO later than April 10th of each year**. Applicants will be notified in May of award.

This scholarship will be considered and awarded (subject to available funds) by the current Ascettes board of officers each year, or by those designated by the board. Check will be made out to recipient and school of choice.

This scholarship is originally established in memory of ANN ABRAHAMSE, EVELYN SCHREINER and ERLA SMITH. It is to be continued in the memory of all ASA Ascettes.

**Email Completed application to:**  
ascettes@gmail.com

**Mail completed application to:**  
Ascettes Scholarship Chairman  
ASA Ascettes  
7403 Lakewood Dr. West #7  
Lakewood, WA 98499

# ASA Northwest Ascettes – 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: \_\_\_\_\_

## ASA MEMBER SUBMITTING THIS APPLICANT

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 9-12<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 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 in ASA NW offices no later than April 10<sup>th</sup> of each year**

**Email Completed application to:**  
ascettes@gmail.com

**Mail completed application to:**  
Ascettes Scholarship Chairman  
ASA Ascettes  
7403 Lakewood Dr. West #7  
Lakewood, WA 98499