

Scholarship Program for Automation Engineering Technology .

APPLICATION for High School Students

Complete applicati	on packet includes:					
Section	Section I: Applicant's General Information and High School Data					
Section	II: Guidance Counse	elor Report				
Section	III: Letter of Recom	mendation				
Section	IV: Academic Trans	cripts (attenda	ance, grades,	coursewor	k)	
•	pplication must be reication by U.S. mail,	•			•	
for delivery. Please Billerud PO Box 211 Norway, MI 49870 Attn: Human Res Dept.		ion and all atta	achments to:			
	ations will be review nmittee decisions by	-		n committe	e. Students	will be
Part I: Part I of this a	oplication is to be comp	leted by the scho	larship applicar	nt.		
General Information	<u>on</u>					
Applicant's name:						
Permanent mailing						
		(Address)		(City)	(State)	(Zip)
Home telephone:		Co	ell:			
Email address:						

List all school	ted Activities ol-related activities in which nd other clubs, volunteer or and awards and honors rec	ganizations, student gov	vernment, and athletic	•
List all comr years. Exam	Volunteer Activities munity activities outside of ples include Big Brothers ctivities. Indicate any offic essary.	and Big Sisters, Habitat	for Humanity, and s	imilar community
along with a	t ment held during your high verage hours per week wor ional pages if necessary.			
Employer	Dates of Employment	Ave. Weekly Hours	Contact Name	Phone

Applicant Last Name: _____

Applicant Last Name:	
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Summary of Educational Goals and Career Objectives

In your own words (200-500 words); please tell us what your educational goals and career objective are.			
Attach additional pages if necessary.			

	Applicant Last Name:
Applicant's Certification	
I certify that (a) the information that I have provided	in this application is true and accurate based on
my current knowledge; (b) I am a graduating high sch	
Degree in Automation Engineering Technology at at N	
(Applicant Signature)	(Date)
Parental Consent - Parent or Guardian must give consent if appl.	icant is under the age of 18
Furence of Guardian must give consent if uppn	cuit is under the age of 10.
I give consi	ent for to
(Print Name)	(Applicant Name)
participate in the Associate Degree in Automation En	gineering Technology at at Northeast Wisconsin
Technical College (NWTC)	
(Parent / Guardian Signature)	(Date)
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Applicant Last Name:	

Post II. Don't II is to be a sounded as	-1	hink ask ask midwass as we	1	
Part II: Part II is to be completed or	nly by the applicant's	high school guidance coun	selor.	
Guidance Counselor Report:	High School Gene	eral Information		
This section is to be completed only	by an applicant's higi	h school guidance counselo	r.	
Name of high school:				
Address of high school:	(Address)	(City)	(State)	(Zip)
Expected graduation date:				
				
High School Academic Inform	ation			
High School Academic Inform This section is to be completed only		h school guidance counselo	r. A copy of the app	olicant's high school
transcript also must be attached.				
Applicant ranks ir	n a class of	students.		
Applicant's cumulative grade			scale.	
How many students rank above				
now many students rank above	re: riigilesi	t Or A III the graduating	5 ciass:	
Is the rank based on weighted	grades? Yes	S No		
Applicant's standardized test s	scores (if available	e):		
PSAT: Verbal –	Math –	Composite		
SAT: Verbal –	Math –	Composite		
ACT: English –	Math –	Composite		
Any Other -				
Are honors courses available?	☐ Yes ☐ No			
Has the applicant taken honor				
If yes, which subjects?				
Are advanced placement cour	ses available?]Yes □ No		
Has the applicant taken advan			0	
If yes, which subjects?				
Are college dual enrollment co	nurses available?	☐ Yes ☐ No		
Has the applicant taken any co			No	

If yes, and the courses are not listed on the student transcript -- please list --where: course: grade

How would you describe this applicant's high school academic program? Below Average Average Rigorous Most Rigorous
Is there a community service requirement to graduate?
How would you describe this applicant's attendance record? Below Average Good Perfect
Has the applicant ever been suspended from school?
If yes, please explain the circumstances:
(Guidance Counselor Signature) (Date)
Print Name:
School E-mail Phone
Length of time acquainted with applicant?

Applicant Last Name:

Place completed Counselor Report along with high school transcript in envelope and sign across the seal. Application deadline: 05/03/2024

Part III: Letters of Recommendation

Scholarship applicants will need to provide one letter of recommendation along with their application and guidance counselor feedback. Letters of recommendation will need to be sealed in envelopes with the writer's signature across the seal. Please note, recommendation letter must be from a high school teacher, principal or your guidance counselor. Recommendations from relatives will not be accepted.

Part IV: Academic Transcripts (attendance, grades, coursework)

Scholarship applicants will need to provide academic transcripts, grades, and attendance records for at least the last two years of high school and/or GED program.