



PO Box 105, Olympia, WA 98507-0105 * scholarship@wfselocal443.org

ELSIE SCHRADER HIGH SCHOOL SCHOLARSHIP

Scholarship for High School Seniors

AWARDS and ELIGIBILITY:

WFSE Local 443, offers annually: one \$643 award, one \$543 award, and one \$443 award, based on the following requirements:

1. Applicant must be a graduating senior from an accredited public, private, or parochial secondary school in Washington State.
2. Applicant must be a child or ward of a Local 443 member.
3. Applicant must enroll in a college or university in the United States of his or her choice during the academic year.
4. Awardees must provide proof of university/college, vocational or trade school registration within 30 days of being granted the award to the Local 443 Scholarship Committee.
5. Awardees would be expected to attend the General Membership meeting in May, third Tuesday of the month, to be recognized and receive their award.

Elsie Schrader Scholarship awards are limited to one award per recipient.

APPLICATION and DEADLINE:

To be eligible, the Scholarship Committee must receive ALL items listed below by April 15.

The completed application may be submitted in person, electronically (scholarship@wfselocal443.org) or by mail to the Local 443 Scholarship Committee (PO Box 105 Olympia, WA 98507-0105).

Your application **must** have the following items to be considered complete:

1. Application form completed by the student.
2. Transcript of grades including first semester of your senior year – sent by the high school directly to the Local 443 Scholarship Committee.
3. A faculty member who is familiar with your work must complete, sign and forward the Faculty Comment Sheet directly to the Local 443 Scholarship Committee.
4. A copy of your acceptance letter from the institution of your choice. (University, College, Vocational or Trade School.)

Note: Only complete applications will be considered. *As a courtesy, if your application is received by April 5th, the Scholarship Committee will attempt to notify you regarding incomplete or missing documentation.*

OUR EVALUATION PROCESS:

The Scholarship Committee will judge all applications based on the following criteria:

1. High school academic record, extra-curricular activities, awards and honors.
2. High school faculty evaluation.
3. Demonstrated financial need.
4. In case of tie, a personal interview.



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ELSIE SCHRADER HIGH SCHOOL SCHOLARSHIP APPLICATION

PERSONAL INFORMATION

Name		Date of Birth
Address		
Home Phone	Cell Phone	E-mail Address

UNIVERSITY, COLLEGE, VOCATIONAL or TRADE SCHOOL INFORMATION

(Attach copy of acceptance letter; if not available please state reason)

Name of University/College/Vocational or Trade School you will be attending:
Planned Field of Study:
Address:

AWARDS, HONORS, ACTIVITIES (academic/non-academic), PERSONAL CHALLENGES and ACCOMPLISHMENTS

Examples: student government, band, orchestra, choir, athletics, debate club, French club, volunteering in the community, etc.

Freshman Year:	
Sophomore Year:	
Junior Year:	
Senior Year:	

List any special awards earned in high school:

Name of your high school	City

FINANCIAL INFORMATION

List any scholarship awards you have or will receive:

Name	Amount

Present and past employers:

Employer	Dates worked	Hours worked per week

Provide any other pertinent information about your own earnings, financial assets and obligations that would be helpful in evaluating your family’s ability to finance a college education:

FAMILY INFORMATION

	Name	Occupation
Father/Guardian:		
Mother/Guardian:		

Combined Gross Annual Income:	
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Siblings living at home

Name	Age

The WFSE Local 443 member(s) who makes you eligible for consideration for this scholarship:

Name	Relationship	Agency of Employment

Is there anything else you want the scholarship committee to know in considering you for this scholarship?

In applying for the scholarship described in this application form, I certify that all the facts contained herein are correct.

Signature: _____ Date: _____



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ELSIE SCHRADER HIGH SCHOOL SCHOLARSHIP FACULTY SHEET

**This form must be completed by a faculty member/teacher
and received by the Local 443 Scholarship Committee on or before April 15th.**

Please complete the following information:

Student's name:	
Faculty name and title:	
Name of high school:	
Approximate GPA:	

Please mark the box that best describes the applicant's rating on the nine requested categories:

Areas for rating	Superior	Above Average	Average	Below Average	Comments
1. Motivation					
2. Industry					
3. Initiative					
4. Influence & Leadership					
5. Cooperation					
6. Concern for others					
7. Responsibility					
8. Integrity					
9. Emotional Stability					

Please provide additional information regarding the student's attitude, character, interests, aptitudes (writing, music, art, speaking, dramatics, etc.), achievements, and understanding for the scholarship committee's consideration.

Attach additional sheets if needed.

Faculty signature: _____ Date: _____

Please submit completed form by:

Mail
WFSE Local 443 Scholarship Committee
PO Box 105
Olympia, WA 98507-0105

OR

E-mail
scholarship@wfselocal443.org