



February 13, 2020

Dear Area Students.

Winnegamie Home Builders Association (WHBA) is pleased to announce the 2020 Scholarship Program. The purpose is to encourage careers in the construction industry by providing opportunities for higher education to graduating high school seniors and students already enrolled at institutes of higher education.

This is the 27th year that Winnegamie Home Builders Association will award scholarships to area students.

To qualify for this scholarship, the student must be enrolled in a formal program of higher education and/or a) WHBA member or sponsored by a WHBA Member; b) a student enrolled in the FVTC Residential Building Construction program or other higher education for construction trades.

If you have any questions, please call Winnegamie Home Builders Association at (920) 235-2962 and ask for Jodi. Thank you for your consideration.

Sincerely,

Gene Becker

Gene Becker

Great Building Concepts

WHBA Scholarship Chairman

Jodi Vandermolen

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Executive Officer, Winnegamie Home Builders Assoc.

**Requirements to qualify for consideration for the Winnegamie Home Builders Association
Higher Education Scholarships.**

- 1) Must be registered as a full-time student.
- 2) May apply annually, student may receive no more than \$1000 in total scholarship funds.
- 3) Attachments:
 - a. Transcripts – 2.5 minimum G.P.A.
 - b. Completed reference form from a recent instructor
 - c. Completed reference form from employer, if employed
 - d. Extracurricular activity description form, if involved
- 4) Complete a Winnegamie Home Builders Association Scholarship Application and submit it to the WHBA office no later than **November 13th, 2020.**
- 5) May be asked to interview with the Scholarship Committee.
- 6) **One of the following requirements must apply:**
 - a) **WHBA member or sponsored by a WHBA member**
 - b) **A member or future member of the FVTC Residential Building Construction program**
 - c) **Enrolled in other higher education for construction trades.**

The deadline for applications is November 13th. Recipients will be notified by December 15th 2020; funds will be distributed directly to the school by the end of December for 2nd semester. For more information on the program, please contact Winnegamie Home Builders Association's office at (920) 235-2962.

Mail applications to: Attn: Scholarship Committee
Winnegamie Home Builders Association
4041 State Road 91, Suite A
Oshkosh, WI 54904



WINNEGAMIE HOME BUILDERS ASSOCIATION SCHOLARSHIP APPLICATION

NAME: _____ PHONE _____

APPLICANT ADDRESS: _____

PARENTS NAME: _____

HOME ADDRESS: _____ PHONE _____

SCHOOL CURRENTLY ATTENDING: _____

SCHOOL ADDRESS: _____

YEAR IN SCHOOL: _____

SCHOOL ATTENDING (if applicable) _____

CUMULATIVE G.P.A. (attach transcript): _____

OTHER SCHOOLS ATTENDED: _____

HIGH SCHOOL AND GRADUATION DATE: _____

LOCATION OF HIGH SCHOOL: _____

Please answer the following questions

1) What type of degree you will attain and what field do you hope to work in upon graduation?

2) How did you learn about this scholarship program? _____

3) List all extracurricular, community and volunteer activities in which you have past or present involvement.

(Complete attached extracurricular description form, if involved)

4) List all past work experience. _____

5) List all current job(s) and hours worked. (Employer complete attached reference form, if employed)

6) What are your other interests outside of school? _____

7) Attach letters of recommendation from two (2) current instructors

8) Are you a member or immediate family member of a member or sponsored by a member of the Winnegamie Home Builders Association? Yes No Please give name and relationship _____

10) **Identify any financial need, (this is an important criteria)** Feel free to use extra paper if necessary.

12) Are you receiving other scholarships or funding for school? _____ If yes, explain. _____

Student Signature

Date

EMPLOYMENT REFERENCE FORM

Student Information – Scholarship Application

Student Name: _____ Date: _____
Last First M.I.

Position Held: _____

Duties: _____

Contact Information

Name of Contact: _____

Title: _____ Phone: () _____

Employer: _____

Address: _____
Street Address Suite #

_____ *City State ZIP Code*

Reference Comments

Please give a brief summary of your recommendation:

Employer Contact Signature

Date



EXTRACURRICULAR – COMMUNITY & VOLUNTEER - ACTIVITIES DESCRIPTION FORM

Student Information

Student Name: _____ Date: _____
Last First M.I.

School Contact Information

Name of Contact: _____

Title: _____ Phone: () _____

Organization/Club: _____

Address: _____
Street Address Suite #

City State ZIP Code

Extracurricular Activities Description

Please give a brief summary description of your volunteer or extracurricular activities:

Student Signature

Date



INSTRUCTOR REFERENCE FORM

Student Information

Student Name: _____ Date: _____
Last First M.I.

Contact Information

Name of Instructor: _____

Title: _____ Phone: () _____

School: _____

Address: _____
Street Address Suite #

City State ZIP Code

Reference Comments

Please give a brief summary of your recommendation:

Instructor Signature

Date

