



West Tech Alumni Association, Inc.

W.T.A.A.
P. O. Box 110231
Cleveland, Ohio
44111-0231

Scholarship Application

DATE _____

APPLICANT

Name _____

Address _____

City, State or Province Postal Code

Telephone _____ - _____ - _____ Soc. Sec. Number _____ - _____ - _____

High School _____ Graduated (Year) _____
(If other than WTAA)

EDUCATIONAL INSTITUTION & PROGRAM

Give the name, address, and telephone number of the college, university, vocational or technical institution you will be (are) attending.

Name _____

Address _____

City, State, or Province, Postal Code

Telephone _____ - _____ - _____ Your Major or Program _____

Academic Advisor, Dean, or Department Chair Student I. D. Number _____

Name _____ Telephone _____

WEST TECH CONNECTIONS

Name _____

Address _____

City, State, or Province, Postal Code

Telephone _____ Class of _____
Month and Year

Child of:
Check Applicable Line(s)
Alumni Student _____
Alumni Faculty _____
Alumni Staff _____
Period at West Tech:
From _____
To _____

*Make sure all appropriate transcripts and letters of recommendation are sent to the WTAA as soon as possible.
(OVER)*

PLEASE NOTE: Starting with school year 2004-2005, for a student to be considered for a WTAA Scholarship, the West Tech Sponsor must be a current member of the WTAA. Joe Costanzo, Chairman

You may write your autobiographical sketch here or attach it to this application form.

Send the completed application and supporting documents to WTAA Scholarship Committee, P. O. Box 110231,
Cleveland, Ohio 44111-0231.

Please sign this application

The information that I have provided to the WTAA is correct, to the best of my knowledge,

Signature _____ Date _____

FAMILY INFORMATION

1) **PARENTS**

	<i>Name</i>	<i>Occupation</i>	<i>Place of Employment</i>
Father			
Mother			
Step-parent			

2) **SIBLINGS**

<i>Name</i>	<i>Age</i>	<i>Living in your home?</i>	<i>In college at the same time?</i>	<i>Grade/Year (next year)</i>
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	

OTHER REQUESTS FOR ASSISTANCE

- 1) Have you submitted your application to other organizations?
- 2) If Yes, please list below. If you have received any assistance or expect to receive assistance, please indicate value.
