



# WISCONSIN ELECTRICAL TRADES COUNCIL, INC.

*Celebrating 65+ years of "Pride in the Electrical Trade"*

## **WETC Legacy Scholarship - Application form - 2025**

*(Formerly the WETC EMELS Scholarship)*

The **WETC Legacy Scholarship** is open to anyone who is planning to further their education in a field that is directly related to or involved in a trade or career in the electrical field. Electro-Mechanical, Electrician, Electrical Engineering or Lineman's School training are the focus of this scholarship although there may be others that may also qualify. Please check with the WETC office with any questions or inquiries regarding eligibility before completing this application.

### **Eligibility**

All candidates must meet the following criteria:

1. Must be a high school senior or an undergraduate college or technical school student.
2. Plans to be a full-time student for the upcoming school year in an undergraduate degree program in a **Wisconsin-based and accredited** college, university, vocational, technical or lineman's school with a specific focus on entering the electrical trade with a degree or certificate of completion for employment in the electrical field.  
(The **WETC Legacy Scholarship** does not recognize participation in an employer paid or reimbursed apprenticeship program as meeting the criteria of this scholarship.)
3. This is an open scholarship – no membership or affiliation with or in the WETC, Inc. is required or implied.

### **Entry Requirements**

**January 1, 2025** begins the application process for the Fall 2025 academic year. The **following data/forms are required:**

1. An official **WETC Legacy Scholarship Application Form – 2025**: This form shall be submitted to the Wisconsin Electrical Trades Council via postal mail. (Photocopies, email or faxes of completed applications and evaluation forms will not be accepted.) All forms are available by calling the WETC office or on our website at [www.wielectrictrades.com](http://www.wielectrictrades.com).
2. Two completed **Evaluation Sheets**:  
The **WETC Legacy Scholarship E-1 Evaluation Form - 2025** must be completed and submitted by an **adult not related to you**.  
The E-1 Evaluation Form **should not be completed** by someone who is or has been a teacher or faculty member at your place of education.  
The **WETC Legacy Scholarship E-2 Evaluation Form – 2025** must be completed and submitted by a current or former teacher or faculty member who knows and has interacted with the applicant in classes or other academic activities.  
All evaluations must be completed and submitted **directly by the evaluator**. They can only be included with your application if they are in a sealed envelope with the school's printed return address and/or some method of securing the back flap. This can be done with the school's seal or evaluator's signature across the back flap. In the case of non-faculty members, a return address sticker across the back flap of the envelope will do. We must be certain that an evaluator can be secure in the knowledge that the applicant cannot read his or her evaluation. Check regularly with evaluators to be sure that the evaluations are sent by the due date.
3. **Transcripts or other verification of high school and college records**. (First-semester students need only to send high school transcripts and/or college transcript if dual-enrolled).
4. Authorization to release family financial information (located on last page of the application).

### **Awards**

The Wisconsin Electrical Trades Council Scholarship Fund grants a fixed number of nonrenewable scholarships each year. The amount and number of scholarships granted is determined by the WETC Board of Directors prior to the end of the year preceding the year in which the scholarships are granted. **For the 2025 academic year the WETC Legacy Scholarship award shall be a one-time amount of \$1,500.00 awarded to one recipient.**

**A check in the amount of the scholarship awarded will be issued to the recipient at the end of the first semester of college or technical school attended upon submission to the WETC office of: (a) Verification or transcript of satisfactory completion of the first semester schedule and (b) proof of enrollment in a second semester of study at the same or another accredited institution of higher learning.**

### **Deadline**

Applications, including all required data, must be postmarked by **April 15, 2025**, without exception, and are to be mailed to: Wisconsin Electrical Trades Council, Attn: Scholarship Committee, PO Box 321, Wonewoc, WI 53968-0321

### **Judging**

1. The Wisconsin Electrical Trades Council Scholarship Fund Selection Committee has sole authority for granting scholarship awards. Scholarship recipients will be selected based on academic performance, faculty recommendations, extra-curricular activities, employment experience, completion of application, and financial need.
2. All applicants selected as finalists may be subject to a personal interview with representatives of the Selection Committee. Finalists will be notified by **May 15, 2025**.
3. All selections are considered final. All applications and attachments become the property of the Wisconsin Electrical Trades Council Scholarship Committee.
4. Scholarship recipients are required to provide enrollment verification from their college or technical school following the start of the semester if requested by the WETC Scholarship Committee. Recipients are also required to notify the WETC Scholarship Committee of any change in student status from full to part-time or a transfer to another college or tech school.

WETC Legacy Scholarship Application (**Revised 01/25**)

# **WETC Legacy Scholarship Application – 2025**

**Applicant: Please complete all sections of this application form.** Failure to do so will disqualify your application. Please type or print using black ink. All sections **must** be completed for your application to be considered. Use the abbreviation N/A if a question does not apply. Appearance of the completed application form will be considered during evaluation. Return this form to the Wisconsin Electrical Trades Council, Inc. at PO Box 321, Wonewoc, WI 53968-0321. It must be postmarked by **April 15, 2025** no exceptions.

## **I. Personal Information**

Name \_\_\_\_\_  
(Last) (First) (Middle)

Home address \_\_\_\_\_  
(Number & Street) (City) (State) (Zip+4)

School currently attending \_\_\_\_\_  
(School) (City, State)

Your address (if living away from home) \_\_\_\_\_  
(Number & Street) (City) (State) (Zip+4)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Website: \_\_\_\_\_

Age \_\_\_\_\_ Date of birth \_\_\_\_\_ Marital status: ☐ Single ☐ Married

Parent or legal guardian's name \_\_\_\_\_

Address, if different than home address above \_\_\_\_\_

## **II. Financial Information (Fill in all blanks)**

**Which of your immediate family members are presently employed in the electrical industry?**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name of company (and parent company, if applicable) \_\_\_\_\_

Position \_\_\_\_\_

Direct job relationship to electrical industry \_\_\_\_\_

Father's occupation \_\_\_\_\_ Annual income: \$ \_\_\_\_\_

Mother's occupation \_\_\_\_\_ Annual income: \$ \_\_\_\_\_

**Including yourself**, how many members of your immediate family will be in college during the academic year covered by the initial WETC/SF scholarship grant? \_\_\_\_\_

**Estimate your annual college costs for the following:**

Tuition \$ \_\_\_\_\_/year Books \$ \_\_\_\_\_/year

Room and board \$ \_\_\_\_\_/year

**Total annual costs** \$ \_\_\_\_\_

**Indicate the estimated amounts of support toward your college expenses from the following sources:**

Family \$ \_\_\_\_\_/year

Personal Income \$ \_\_\_\_\_/year

Loans \$ \_\_\_\_\_/year Please specify \_\_\_\_\_

Scholarships/Grants \$ \_\_\_\_\_/year Please specify \_\_\_\_\_

Other sources \$ \_\_\_\_\_/year Please specify \_\_\_\_\_

**III. Scholastic Information**

**A.** Provide the name and location (city and state) of high schools, colleges, and/or universities you have attended or are currently attending. List the most recent first and be sure to indicate the month and year of anticipated graduation.

<b>Four-year college(s)</b>	<u>Yrs. Attended (from-to)</u>	<u>Major</u>	<u>GPA</u>	<u>Date of graduation</u>
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1. \_\_\_\_\_

2. \_\_\_\_\_

<b>Two-year college(s)</b>	<u>Yrs. Attended (from-to)</u>	<u>Major</u>	<u>GPA</u>	<u>Date of graduation</u>
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1. \_\_\_\_\_

2. \_\_\_\_\_

<b>High school(s)</b>	<u>Yrs. Attended (from-to)</u>	<u>Major</u>	<u>GPA</u>	<u>ACT/SAT</u>	<u>Date of graduation</u>
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1. \_\_\_\_\_

2. \_\_\_\_\_

**Note:** Be sure to specify your **grade-point average** (GPA) and provide an official transcript(s) from the high school(s) and college(s) you have attended.

GPA is based on (circle one) **3 4 5 other** point scale. If "other," please specify: \_\_\_\_\_

High school class rank: \_\_\_\_\_ Class size: \_\_\_\_\_

If you are currently enrolled in a college or university, what is your current year in school? Check below:

\_\_\_\_\_ Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior

**B.** On a separate sheet of paper, provide a **chronological history of your activities** if you have not been continuously enrolled in school since your high-school graduation. This history should begin immediately after graduation and continue to the present time, include specific month, year, and type of activity.

C. If you are not currently enrolled at a college or university, or are planning to transfer to another school, list below the colleges to which you **have applied** or to which you **intend to apply**, in order of preference.

<u>College (name, city, and state)</u>	<u>Accepted—yes/no/pending</u>	<u>Anticipated graduation (mm/yy)</u>
1. _____		
2. _____		
3. _____		
4. _____		

D. In what program do you expect to get your degree? \_\_\_\_\_

E. Are you enrolled in a **Cooperative Education Program**? ☐ No ☐ Yes (If “yes,” please include a copy of your work/class schedule.)

F. In which **extracurricular activities** have you participated while attending high school? College? Indicate elected offices held, if any, and year. Specify the number of hours per month for each activity. (List on a separate sheet of paper if necessary.)

#### 1. Student activities

#### 2. Athletics

#### 3. Community activities (which may include participation in charities, church, music, scouting, etc.)

### IV. Employment History

**Applicant:** On a separate sheet of paper, list dates of employment, number of hours per week, and name of company.

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I authorize the release of financial information from school(s) to the WETC Scholarship Committee. I agree that this application and all attachments may be used for the purpose of evaluation and selection by the WETC Scholarship Fund Committee and/or representatives designated by that committee. I also affirm that all information enclosed is true and correct to the best of my knowledge. I understand that presenting false information is cause for disqualification.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

**Note to applicant:** You have the ultimate responsibility to insure that this application and all items listed below are received by the Wisconsin Electrical Trades Council and postmarked by **April 15, 2025**. Contact Steve Fick, WETC Administrator, at [wetcinc@gmail.com](mailto:wetcinc@gmail.com) or (608)464-3582/(877)836-WETC at any time to verify receipt of all required information.

- ☐ Completed 3-page, **signed** application form.
- ☐ Two Evaluation sheets \_\_\_\_\_E1 \_\_\_\_\_E2 completed and submitted directly by the evaluator to the WETC office. Highlight due date on form.
- ☐ Official transcript(s) of high school and college grades. (first-semester students need only to send high school transcripts and college transcript if dual-enrolled.)

# WETC Legacy Scholarship Evaluation Sheet E-1 - 2025

To be completed by Evaluator 1  
(An adult not related to you but should not be a  
current or former faculty member or teacher).

Date \_\_\_\_\_

Name of student: \_\_\_\_\_  
(Last) (First) (Middle)

Your name has been given by the student named above, who is applying for a scholarship from the Wisconsin Electrical Trades Council. Your evaluation is important to us in considering this application, so please explain your comments fully. All comments will be used for evaluation purposes only.

Please complete this form (type or print using black ink). It must be submitted by the evaluator **directly** to the **Wisconsin Electrical Trades Council**, Attention: Scholarship Committee, PO Box 321, Wonewoc, WI 53968-0321. The evaluation must be postmarked by **April 15, 2025**.

Name of evaluator \_\_\_\_\_

Address \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ Telephone \_\_\_\_\_

How long have you known this student? \_\_\_\_\_

Describe the nature and frequency of your contacts with this student

\_\_\_\_\_  
\_\_\_\_\_

## Evaluation of social and personal traits

Please rate each characteristic listed by checking the appropriate column below.

	Low					High					
	0	1	2	3	4	5	6	7	8	9	10
Cooperation											
Courtesy											
Dependability											
Industriousness											
Initiative											
Leadership											
Maturity											
Self-Control											
Character											

Comments (use additional sheets if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

## WETC Legacy Scholarship Evaluation Sheet E-2 - 2025

**To be completed by Evaluator 2  
(Any current or former faculty member or teacher.)**

Date \_\_\_\_\_

**Name of student:** \_\_\_\_\_  
(Last) (First) (Middle)

Your name has been given by the student named above, who is applying for a scholarship from the Wisconsin Electrical Trades Council. Your evaluation is important to us in considering this application, so please explain your comments fully. All comments will be used for evaluation purposes only.

Please complete this form (type or print using black ink). It must be submitted by the evaluator **directly** to the **Wisconsin Electrical Trades Council**, Attention: Scholarship Committee, PO Box 321, Wonewoc, WI 53968-0321 The evaluation must be postmarked by **April 15, 2025**

Name of evaluator \_\_\_\_\_

School \_\_\_\_\_

Position \_\_\_\_\_ Telephone \_\_\_\_\_

School Address \_\_\_\_\_

How long have you known this student? \_\_\_\_\_

Describe the nature and frequency of your contacts with this student

\_\_\_\_\_  
\_\_\_\_\_

### **Evaluation of academic traits**

Please rate each characteristic listed by checking the appropriate column below.

	Low						High					
	0	1	2	3	4	5	6	7	8	9	10	
Cooperation												
Courtesy												
Timelines & completeness of assignments												
Participation in extra-curricular activities												
Initiative												
Leadership												
Maturity												

**Comments (use additional sheets if necessary):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature** \_\_\_\_\_