



## **WASHINGTON ASA ASCETTES MEMORIAL SCHOLARSHIP**

Through one or more annual projects, the Washington Ascettes hereby establish two scholarship funds in the amount of \$1,000.00 each, to aid in assisting students who are entering, continuing, or completing their education above high school level. One will be awarded in the automotive field and one in general education.

Applicants must belong to the immediate family of AUTOMOTIVE SERVICE ASSOCIATION OF WASHINGTON MEMBERS (in good standing) and/or their employees and their immediate families.

Selection criteria includes financial needs, demonstrated desire to further their education, and academic aptitude.

In addition to completing the attached application, applicants must submit one letter of recommendation completed by a recent faculty member, or recent employer if out of high school more than 2 years, and an academic transcript. Applications must be submitted by an ASA member in good standing.

THE COMPLETED APPLICATION, LETTER OF RECOMMENDATION AND TRANSCRIPT MUST BE RECEIVED BY THE ASA OFFICE NO LATER THAN APRIL 30TH OF EACH YEAR, FOR PRESENTATION IN JUNE OF THAT YEAR.

This scholarship will be considered and awarded (subject to available funds) by the current ASCETTES board of officers each year, or by those designated by the board. Check will be made out to recipient and school of choice.

This scholarship is originally established in memory of ANN ABRAHAMSE, EVELYN SCHREINER and ERLA SMITH. It is to be continued in the memory of all WASHINGTON ASA ASCETTES.

APPLICATION FOR ASA WASHINGTON ASCETTES MEMORIAL SCHOLARSHIP

(A) PERSONAL INFORMATION:

1. NAME: \_\_\_\_\_  
Last First Middle

2. Social Security #: \_\_\_\_\_

3. Local Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

4. Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

5. ASA member submitting this applicant:  
\_\_\_\_\_  
Shop Name  
\_\_\_\_\_  
Member Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip

6. Date of birth: \_\_\_\_\_

7. Colleges/Technical Schools applied for:  
\_\_\_\_\_  
Name City & State  
\_\_\_\_\_  
Name City & State  
\_\_\_\_\_  
Name City & State



C. FUTURE EDUCATION

17. School you plan to attend:

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17. Have you selected a Major? \_\_\_\_\_

Minor? \_\_\_\_\_

Area of academic interest? \_\_\_\_\_

18. ON A SEPARATE PAGE (Attachment #18).....Please write an essay on your future career plans and any additional comments that would be helpful in evaluating your application for this scholarship. Please limit to 200 words.

I certify that all of the information and materials provided in and with this application to the best of my knowledge are true and accurate. I further agree that if I am selected for this scholarship, I will supply information to the scholarship donor on my progress.

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Applicant's Signature

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Date

PLEASE FIND ENCLOSED:

LETTER OF RECOMMENDATION

TRANSCRIPT

I HAVE REQUESTED THE FOLLOWING BE MAILED DIRECT:

LETTER OF RECOMMENDATION FROM

TRANSCRIPT FROM

Mail completed application to:

Ascettes Scholarship Chairman

Washington ASA Ascettes

7403 Lakewood Dr. West #7

Lakewood, Wa. 98499