



Technology Education Association of Pennsylvania William J. Wilkinson Scholarship Application

Personal Information

Name: _____ Date of Birth: _____

Permanent Home Address: _____
Street, PO Box, RR, etc.
 _____, PA
City State Zip Code

Home Phone: _____ - _____ - _____

Hometown Newspaper(s): 1. _____
 2. _____

If you live in a small community, identify the nearest city or large town and distance from you:

Father's Name: _____

Address: *(if different than yours)* _____
Street, PO Box, RR, etc.
 _____, PA
City State Zip Code

Occupation: _____

Employer: _____

Mother's Name: _____

Address: *(if different than yours)* _____
Street, PO Box, RR, etc.
 _____, PA
City State Zip Code

Occupation: _____

Employer: _____

Siblings: *(List number and ages)* Brothers _____ Sisters _____

Name of parent or guardian who supports you: _____

School Information

Date of High School Graduation: _____

Name of High School: _____

School Address: _____

Street, PO Box, RR, etc.

_____, **PA**
City State Zip Code

Phone Number: _____ - - _____

Names of PA universities to which you have applied or plan to apply: Have you been admitted?

- | | | |
|----------|------------------------------|-----------------------------|
| 1. _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

What major do you intend to pursue?

Minor (if any): _____

Check those sources that will contribute to your financial support:

- | | |
|---|---|
| <input type="checkbox"/> Work | <input type="checkbox"/> Loans |
| <input type="checkbox"/> School | <input type="checkbox"/> Family Support |
| <input type="checkbox"/> Other (Explain): _____ | |

School Activities:
(i.e. clubs, athletics, student government, scouts, church, music, community service, etc.)

Name or Activity	Years Participated	Office Held/Award Received
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Academic Honors Received:

Name	Purpose	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Information

Job Employer	Dates Employed	Hours Per Week
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Why do you want to be a technology education teacher? *If necessary, use separate sheet.*

I have asked the following individuals to write letters of professional recommendation:

Please let persons name and job

Name	Job Title
1. _____	_____
2. _____	_____
3. _____	_____

I am sending all of the following information with this application.

High School Transcript

Other (identify): _____

Class Rank: _____ SAT Scores: _____

I have been a resident of Pennsylvania for the 12 months prior to submitting this application. In addition, I understand that this scholarship is for college studies leading to a career in technology education teaching.

Signature _____ Date _____

Mail Application and Supporting Materials to:

Dr. Len S. Litowitz, TEAP Scholarship Chair
Millersville University
Department of Industry & Technology
P.O. Box 1002
Millersville, PA 17551-0302

Application Deadline: September 30 (each year)