Towing & Recovery Association of America, Inc. Education Foundation

2021 Application for WTRAA Scholarship

I. PERSONAL INFORMATION (Please Print):	IV. ANTICIPATED COLLEGE EXPENSES:		
Name:	Tuition & Activity Fees: \$		
Address:	Books & Supplies: \$		
City, State, Zip:	Room & Board: \$		
Phone:	Transportation: \$		
Social Security:	Fees & Misc.:	\$	
Date of Birth:	Personal Expenses: \$		
Email:	V. OTHER FINANCIAL ASSISTANCE		
Relationship of Applicant to TRAA Regular Member (see criteria below):		Applied for	Received
Relationship:	Scholarships:	\$	\$
neiationship.	Grants:	\$	\$
TRAA Regular Member Company Recommending Applicant:	Personal Gifts:	\$	<u> </u>
Name:	Loans:	\$	<u> </u>
Address:	Total:	\$	\$
City, State, Zip:	Total.	-	Ç
Phone:	VI. SUPPLEMENTA	ARV MATERIAIS	REQUIRED:
Email:	♦ Letter of recommendation from teacher, principal, counselor		
Signature:	registrar, dean or major professor.		
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	♦ Two letters of recommendation from people you know		
II. ACADEMIC INFORMATION:	personally. *Non-family members including step-family Personal letter from you to the WTRAA scholarship		
School you attend/plan to attend:			
School you attend, plan to attend.	committee about yourself, your extracurricular		
Address of School:	activities, your career & educational goals, you & your		
Year you are/will be attending:	family's affiliation with TRAA & your financial needs.		
☐ Freshman ☐ Sophomore	♦ Certified copy of your school transcripts.		
	♦ Copy of your SAT or ACT scores (Only Freshmen and		
Cumulative Grade Point Average:	New Applicants).		
High School: College:	 ♦ Recent job history or Internship history ♦ Your past five years of taxable income. Include copy of W-2's ♦ If no taxable income to report, please explain 		
Intended Major:	♦ Recent photo.		
	I hereby certify that the foregoing information is		
	complete and accurate to the best of my knowledge		
III. FINANCIAL INFORMATION OF APPLICANT ONLY:	and that I am in need of financial assistance to		
Applicant's Annual Income: \$	complete my education.		
Annual Obligations (i.e., rent, auto, other):	Date:		
	Applicant Signature:		
	Parent/Guardian Signature:		
	Parent/Guardian Signature:		
APPLICATION MUST BE POST MARKED BY JUNE 30, 2021 MAIL TO: WTRAA SCHOLARSHIP – C/O N91 W14010 Warren St., Menomonee Falls, WI 53051			

Scholarship awards are based on the following criteria:

- 1. Recipient is a Regular Member of TRAA (as defined by TRAA by laws) in good standing, or a child or grandchild of a Regular Member of TRAA in good standing.
 - $\ensuremath{^{**}}$ TRAA members in good standing must have 36 months consecutive membership.
- 2. Recipient has a high school or college minimum grade point average of 2.8.
- 3. Recipient shows evidence of financial need.
- 4. Recipient shows leadership qualities.
- 5. All application questions and requirements are completed.