



Scholarship Application

Name: _____ ID # _____

Address: _____

Phone Number _____ Email _____

Grade: _____ High School: _____

GACTC Program: _____ AM / PM
Circle One

Are you a SkillsUSA Member for the 2024-2025 School Year? _____

Are/Have you been a SkillsUSA Officer or Competitor? _____

High School GPA: 10th _____ 11th _____ 12th _____

GACTC GPA: 10th _____ 11th _____ 12th _____

Attendance Record: 10th _____ 11th _____ 12th _____ Days Missed

Attach a list of the following including the number of years involved. Identify High School and GACTC.

Community Service Record

Awards/Recognitions

Membership/Offices Held

Activities

Part-Time Employment

Answer and Attach the following question in Paragraph Form.

After graduation I plan to?

Attach a short essay on why you feel you have earned this award. Please add supportive details about your involvement and experience with SkillsUSA.

Teacher Recommendation: Please use the Teacher Scholarship Rubric found

Teacher Signature

Date

Application and Essay due to the WBL Office by Friday April 11, 2025. No late applications will be accepted.