



2016 Merit Scholarship Application Form- SkillsUSA Minnesota

Applicant's Name _____

Home Street Address _____

City _____ State _____ Zip _____

Home Telephone Number (____) _____

Applicant's Cell Number _____

Applicant's E-mail Address _____

Name of Applicant's Current School _____

Applicant's Occupational Training Program _____

Name of Applicant's SkillsUSA Advisor or Instructor _____

School Address _____

City _____ State _____ Zip _____

Advisor's Telephone Number (____) _____

Advisor's E-mail Address _____

Is this student a current SkillsUSA member in good standing? ____ Yes ____ No

Which levels of PDP has this student completed or have they participated in CSEP? (Please list) _____

Has the student participated in a Community Service Project this year? _____ List Service Project? _____

Does this student presently intend to continue his/her occupational training in a college/postsecondary school in the summer or fall of 2016? ____ Yes ____ No

To the SkillsUSA student applicant:

Please attach to this completed form as a separate sheet(s) your typed or word processed answer to each of the following questions. Answer each question separately. Have your SkillsUSA advisor/instructor sign and date the bottom of each sheet.

1. In what way have you enhanced the quality of life for fellow citizens in your community?
2. How have you provided leadership to the SkillsUSA organization?
3. In what ways have you promoted your chosen occupational specialty and/or career and technical education?

I hereby attest that all the information contained in this application form and its attachments is accurate and true to the best of my knowledge.

SkillsUSA Advisor/Instructor Signature

Date

Please return this completed form and attachments by March 1, 2016.

Send to: SkillsUSA Alumni and Friends Scholarship, Attn: Jennifer Polz, SkillsUSA, P.O. Box 29286 Minneapolis, MN 55429