



The Wisconsin Lab Association exists to improve the cause, technique, practice and knowledge of laboratory technicians through communication and educational opportunities.

## WLA Scholarship Application

### I. Personal Data

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

### II. Educational Experience (High School and College/Technical School)

School	Location	Dates Attended
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_____	_____	_____
_____	_____	_____
_____	_____	_____

### III. Extra-Curricular Activities (High School and College)

Community Activities, Athletics, Social Clubs, Student Government

_____
_____
_____

### Special Achievement

Office Held, Prizes, Honor Classes, etc.

_____
_____
_____

### IV. Employment (Full-time, Part-Time, Summer Jobs)

Places & Dates	Job Description	Hours/Week
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_____	_____	_____
_____	_____	_____
_____	_____	_____

**V. School**

School/college you are attending?

\_\_\_\_\_  
Degree you are working toward?

\_\_\_\_\_  
What year you are presently in?

\_\_\_\_\_  
How did you become aware this scholarship was being offered?

**VI. References**

Please list two references, not relatives, one of whom is an instructor or teacher in the school you are attending.

Name	Occupation	Address and Phone
_____		
_____		

\*Please ask two instructors to submit a letter of recommendation, which is to be sent under separate mailing to application address.

**VII. Personal Statement**

Give any additional information that may help the Scholarship Committee. **This information and statement may be the deciding factor in awarding of the scholarship.** This information may include school or community activities, hobbies, special interests, etc. You should include your reasons for choosing laboratory related studies.

PLEASE INCLUDE ON SEPARATE SHEET

**Please complete all portions of this and send it with your grades for the past school year to the address below. Be sure the have the two letters of recommendation from your instructors also sent to this address or your application will not be accepted.**

In submitting this application, I do hereby release my student records to the Wisconsin Laboratory Association Scholarship Committee for their use in awarding and administering this scholarship.

The information I have submitted is correct to the best of my knowledge.

Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

**Send applications to:**

**Gina Steiner**  
**P.O. Box 808**  
**Fort Atkinson, WI 53538**  
**ginas@jonesdairyfarm.com**

*Application for Jones Dairy Farm Scholarship  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_*