

OFFICE USE ONLY:

App \_\_\_\_ Letter \_\_\_\_ Rec(#) \_\_\_\_ Tran \_\_\_\_

Complete \_\_\_\_

HSGPA \_\_\_\_\_

The

# Don Patterson Scholarship in Refrigeration and Air Conditioning Technology at Walla Walla Community College

*A talented member of the physical plant staff of Walla Walla Community College, Don Patterson graduated from the WWCC Refrigeration and Air Conditioning Program. Not only was Donnie a gifted maintenance mechanic for the College before his untimely death in 2004, but more importantly he demonstrated exceptional perseverance, loyalty, honesty, and kindness in his daily life.*

*The scholarship is available to full-time students who plan to or are enrolled in the Refrigeration and Air Condition-*

*ing Technology program at Walla Walla Community College. Students may be considered if they are making good progress toward graduation and exemplify a high standard of dedication, hard work, and responsible lifestyle. Financial need may also be a criterion used for consideration.*

*This scholarship is for a maximum of \$750.00 and will be applied to the student's tuition and fees. If additional funds are available, additional students may be considered for awards.*

Name \_\_\_\_\_  
(Last) (First) (Middle Initial)

Permanent Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Name of Parents or Guardian \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Social Security Number \_\_\_\_\_ Home Telephone Number ( ) \_\_\_\_\_

If applicable, please list your WWCC student identification number \_\_\_\_\_

Intended major or interest areas (no more than two) \_\_\_\_\_

Expected college graduation date from WWCC \_\_\_\_\_  
(Month) (Year)

High school from which you graduated \_\_\_\_\_  
(Name) (City) (State)

Have you returned to college after taking some years off? If so, number of years \_\_\_\_\_

Are you a single parent? Yes \_\_\_\_\_ No \_\_\_\_\_

For the next academic year, which statement best fits your status (check only one):

Beginning Freshman \_\_\_\_\_

Continuing (Have attended WWCC prior to Fall Quarter) \_\_\_\_\_

Transfer (New to WWCC) \_\_\_\_\_ From Where? \_\_\_\_\_

**SECTION I** (120 points) Failure to complete this section will eliminate applicant from consideration. Attach a letter of six paragraphs discussing each of the following topics.

1. Why do you plan to pursue a career in the refrigeration and air conditioning profession?
2. What personal attributes should a person bring to this profession?
3. How do you plan to finance your college education?
4. How would your employer or instructors describe you?
5. Please list any awards you have received, offices held, community/church activities, and work experience.

**SECTION II** (20 points) Attach two letters of recommendation from a high school counselor, teacher, professor, employer, or other unrelated person who is familiar with your potential for success at WWCC.

**SECTION III** (20 points)

**First Year Students** (the following section is to be completed by a high school official):

Please complete the following, **enclose a transcript**, and forward the application to the address below.

The applicant has a grade point average of \_\_\_\_\_ and ranks \_\_\_\_\_ in a class of \_\_\_\_\_.

Signature of high school official \_\_\_\_\_ Date \_\_\_\_\_

**CONTINUING STUDENTS** Enclose an official college transcript.

**SECTION IV**

Please complete the following table with your anticipated income available for your college education for the academic year.

<b>STUDENT</b>
Are you currently employed <input type="checkbox"/> Yes <input type="checkbox"/> No
Average number of hours worked per week _____
Hourly pay rate \$ _____ or monthly pay rate \$ _____
Average tips per week \$ _____
<input type="checkbox"/> I will continue this job. Hours per week _____
<input type="checkbox"/> I will terminate this job as of _____
<b>SPOUSE</b>
Is spouse currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Average number of hours worked per week _____
Average tips per week \$ _____
Hourly pay rate \$ _____ or monthly pay rate \$ _____

<b>OUTSIDE RESOURCES AVAILABLE DURING THE SCHOOL YEAR</b>	
	MONTHLY Amount
Social Security/SSI	\$ _____
Student VA Benefits (Type _____)	_____
Spouse VA Benefits (Type _____)	_____
Labor and Industries Benefits	_____
Child Support/Alimony	_____
Public Assistance	_____
Food Stamps	_____
Unemployment compensation	_____
JTPA/WIN Benefits	_____
Assistance from Parents	_____
Other (Specify) _____	_____
DVR/Vocational Rehabilitation	QUARTERLY Amount \$ _____

This statement must be signed: I authorize release of my name and pertinent information for publicity purposes if I receive a scholarship.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit all materials in one package to: **WWCC Foundation, 500 Tausick Way, Walla Walla, WA 99362-9267**

OR

Students currently enrolled in high school may return application to their counselor. The counselor will forward your application to WWCC.

**This application form may be reproduced.**