

W o r t h i n g t o n  
E d u c a t i o n a l S u p p o r t  
P r o f e s s i o n a l s  
A s s o c i a t i o n

Scholarship  
Application 2024

**Qualified Applicants:**

Any student pursuing an academic program beyond high school who is a daughter or son of a Worthington Educational Support Professionals Association (WESPA) member may apply. Scholarships will be awarded to both high school seniors and students presently in a post-secondary program.

WESPA will award up to 4 students with scholarships of \$500 each. At least one of these may be awarded to a student already enrolled in a post-secondary program. You will be notified as to the status of your application by mail. Applications will be judged on neatness and readability as well as content, grade point average, etc. Please attach a copy of your latest transcript (may be unofficial).

**Applications are due in the mailbox of Mary Reiner at Brookside Elementary no later than Friday, April 12, 2024 @ 3:30pm.** Applications are then duplicated for committee members to evaluate. NO ADDITIONAL APPLICATIONS WILL BE ACCEPTED ONCE THE EVALUATION PROCESS HAS BEGUN.

Please Note: Letters of Recommendations must be from non-family members.

Please use one side of each page only. This aids in duplicating the applications for evaluation. You may attach as many additional pages as necessary.

Best wishes in this process,

*Worthington Educational Support Professionals Association*

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Scholarship  
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NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City Zip

PHONE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

Name of parent or Guardian who is a WESPA member: \_\_\_\_\_

Parent's/Guardian's Address: \_\_\_\_\_  
Street City Zip

Parent's/Guardian's Phone Number: \_\_\_\_\_  
Home Work

High school attending/attended: \_\_\_\_\_

High school majors:

High school minors:

Higher Education (If any):

G.P.A. and Class Rank:

PLEASE DESCRIBE YOUR ACADEMIC PLANS FOR NEXT YEAR:

School you plan to attend:

What grade level you will be:

Cost of tuition per year:

PLEASE ANSWER BRIEFLY:

How much can your parents/guardians contribute annually to your costs?

Will you be receiving any other financial aid (loans, scholarships, etc.)

1. Describe briefly your career goals:

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2. Please list any school related awards, accomplishments, offices, etc. Also list any programs in which you have participated:

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3. Please list any community awards, accomplishments, offices, etc. in which you have been involved. Also, list any programs in which you have participated:

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4. Why should the committee award you a scholarship? Include any additional information on your interests, employment background, values, or financial situation which you would like the committee to know in reviewing your application for the WESPA scholarship:

**References**

Please list the name, address, phone number and relationship to you of each of the two non-family member adults from whom you have requested recommendations (use form provided).

1.

2.

(Please include completed recommendation forms with your application)

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I would like to recommend \_\_\_\_\_ for a WESPA Scholarship because:  
(Name of Applicant)

I have known \_\_\_\_\_  
(Applicant's name)

as a \_\_\_\_\_  
(In what capacity)

since \_\_\_\_\_  
(Date)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_