

## WISCONSIN COUNTY CODE ADMINISTRATORS SCHOLARSHIP AWARD CRITERIA

- A. This scholarship is established to reward and encourage students working toward a degree beyond secondary education in Wisconsin. It is supported by income generated by the WCCA members and through contributions.
- B. Applications must be received before **March 1, 2020**. Applications shall be submitted to the Awards and Scholarship Subcommittee on forms prepared by the WCCA. Please mail applications to WCCA, Green Lake County Planning & Zoning, 571 County Road A, Green Lake, WI 54941-8630 . For questions, e-mail [wccaprofessional@gmail.com](mailto:wccaprofessional@gmail.com).
- C. Applicants must be a member of a senior high school class or graduate of a secondary school, including those who are beyond high school age but are continuing their education. This award is available to students accepted or enrolled in a full or part time curriculum that will result in a diploma from an accredited program.
- D. Preference will be given to students seeking advanced education in a science or field of study closely related to the work performed by County zoning and environmental health agencies.
- E. Applications for a WCCA scholarship shall include the following:
1. A properly completed application form.
  2. Reference letters from 2 persons unrelated to the applicant that address the applicant's academic ability, professional potential, applicable work experience, community service, extra curricular activities, financial need or any other relevant information that supports the candidate's application.

### SCHOLARSHIP SELECTION PROCEDURE

1. All applications will be considered in the order they are received during any calendar year.
2. Photocopies of each application will be made and kept by the WCCA Awards and Scholarship Committee.
3. The originals will be forwarded to and reviewed by the WCCA Scholarship Selection Committee not less than 30 days prior to the annual Spring conference. The committee members completing the review will sign off on the winning application.
4. The application will be evaluated on the following criteria:
  - A. Application properly completed and submitted.
  - B. Advisor/Instructor recommendation.
  - C. Academic achievement.
  - D. Financial need.
  - E. Extracurricular activity.
  - F. Supporting statements or recommendations from others.
  - G. Applicant's thoughts/statements.
5. The scholarship recipient will receive the award after providing confirmation of registration for the current or next term to the WCCA Secretary/Treasurer. The award will be presented in the form of a check made out jointly to the winner and the chosen institution of higher education.
6. The decision of the selection panel is final.

**WILLIAM HNILICKA MEMORIAL SCHOLARSHIP  
WISCONSIN COUNTY CODE ADMINISTRATORS**

**I. Personal information.**

Name \_\_\_\_\_  
(LAST) (FIRST) (MI)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

I currently attend:

High School      Technical College      College/University      None

Name of School \_\_\_\_\_ City/State \_\_\_\_\_

Next Semester I will be attending \_\_\_\_\_

City/State \_\_\_\_\_

I will be a:

Freshman      Sophomore      Junior      Senior      Graduate

Major Area of Study \_\_\_\_\_

Number of credit hours required for degree \_\_\_\_\_ Credit hours completed \_\_\_\_\_

List any extracurricular activities you have been involved in, including student/professional organizations, community involvement, etc. (Use additional page if necessary)

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**II. Academic Records and Achievements - High School or Post Secondary Education**

List school(s) attended in order, with most recent first:

Post Secondary	City/State	Dates	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

High School

_____	_____	_____	_____
_____	_____	_____	_____

List any academic honors you have received (National Honor Society, Valedictorian, Honor Roll, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any offices or leadership positions you have held and the name of the organization:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**III. Applicant's Statements**

Please describe your career goals for the first 5 years after completing your education:

\_\_\_\_\_

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\_\_\_\_\_

Why do you believe you are the best candidate to receive the WCCA scholarship award? Please include any pertinent information, including any financial need.

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I have provided full information concerning this application to the best of my knowledge. I understand that the failure to provide true and complete information could result in the removal of my application from consideration.

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

\_\_\_\_\_  
Print Name

For Use By WCCA Scholarship Application Review Committee

Evaluation Criteria:	Pts./Score
A. Application properly completed and submitted.	(2 Pts) _____
B. Advisor/Instructor recommendation.	(8 Pts.) _____
C. Academic achievement.	(8 Pts.) _____
D. Financial need.	(4 Pts.) _____
E. Extracurricular activity.	(4 Pts.) _____
F. Supporting statements or recommendations from others.	(8 Pts.) _____
G. Applicant's thoughts/statements.	(8 Pts.) _____
 Total Score	 _____

Candidate has submitted proof of admission/enrollment to a qualifying institution? Yes \_\_\_\_\_ No \_\_\_\_\_

**Candidate's rank among applications:** \_\_\_\_\_

Review Committee Signatures:  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_