Student Request for Consideration for the Wisconsin Technical Excellence Scholarship (TES)

Students seeking to be nominated by their high school for the Wisconsin Technical Excellence Scholarship (TES) can complete this form and provide it to their school to request consideration for the scholarship.

An eligible candidate for a TES scholarship is a high school senior meeting at least one of the following criteria.

1. Be a CTE Concentrator, which is a high school student who has completed at least three high school CTE courses (career and technical education courses) in program area(s) leading to a degree or diploma in the student’s chosen pathway. A student may be enrolled in (rather than have completed) the third course at the time of their nomination for TES.
2. Participated in a Youth Apprenticeship Program under the supervision of the Wisconsin Department of Workforce Development (DWD) (see <https://dwd.wisconsin.gov/youthapprenticeship/program_info.htm>)
3. Participated in a Technical High School Diploma program as certified by the Wisconsin Department of Public Instruction (DPI) (see <http://cte.dpi.wi.gov/cte_tehsd>)
4. Participated in a Career and Technical Training pathway as defined by the Wisconsin Department of Public Instruction (DPI) (see <http://cte.dpi.wi.gov/cte_clustersandpaths>)
5. Participated in a Skills Standards Program offered by the Wisconsin Department of Public Instruction(DPI) (see <http://cte.dpi.wi.gov/cte_cteskills>)
6. Completed (or be on track to complete) an industry-recognized certification program approved under Wis. Stats. 115.367 (2). (This requirement is created under 2013 Wisconsin Act 59).
7. Participated in a Career and Technical Student Organization (CTSO) in Wisconsin: DECA, FBLA, FCCLA, FFA, HOSA, or Skills USA (see <http://cte.dpi.wi.gov/cte_ctso>)
8. Completed a technical training program for high school students if the program is offered by a UW System school, a Wisconsin Technical College System school, a tribal college in Wisconsin, or a private nonprofit college or university located in Wisconsin. Examples include but are not limited to:

* Medical College of Wisconsin Summer Enrichment Programs
* UW-Madison’s Summer Science Institute at WIScience
* Marquette University’s K-12 Engineering Academies
* MSOE summer programs for K-12 students

The program must be offered by a Wisconsin college or university; programs held at these campuses but offered by others are not eligible. (Such programs are usually of shorter duration.)

Ranking of eligible candidates in each high school is to be made according to a ranking system. A student must meet one of the eight eligibility criteria listed above to be eligible. HEAB recommends a ranking system to schools but they may elect to create their own.

STUDENT STATEMENT OF ELIGIBILITY

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student name), believe that I meet the eligibility requirements for the Wisconsin Technical Excellence Scholarship (TES) and I request consideration for nomination to the scholarship. I have met the following eligibility criteria as listed above: (circle one or more)

1 2 3 4 5 6 7 8

Additional details about my eligibility: Please provide a summary of your activity, including dates, the names and locations of programs or activities that make you eligible, as well as contact information for the activity, including names and telephone numbers or email addresses of people who can vouch for your involvement.

**CTE COURSE LISTING:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Course Name | Instructor | Dates | Credits | Grade |
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CTSOs are defined in statute to include DECA, FBLA, FCCLA, FFA, HOSA, or SkillsUSA.

**CTSO LISTING:**

|  |  |  |
| --- | --- | --- |
| CTSO Name | Advisor | School Year |
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Please attach a transcript (unofficial acceptable) and additional pages as needed.

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

Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone and email (not school e-mail address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit to Student Services no later than Thursday, March 7, 2024 by 3:30 PM.

# Wisconsin Technical

## Excellence Scholarship

**Student Demographics**

As part of your application, please complete the following information.

**PLEASE TYPE YOUR INFORMATION BELOW.**

**YOU MUST TYPE IN THIS INFORMATION FOR YOUR SCHOLARSHIP INFORMATION TO BE SUBMITTED!**

|  |
| --- |
| First Name:  Last Name: |
| Date of Birth (Month/Day/Year): |
| Address:  City:  State: WI Zip Code: |
| **Parent’s email address (which will get checked by a parent):** |
| Phone (which will be answered/returned if a message is left): |
| College You Plan to Attend: |
| Signature: |

**Please submit to Ms. Anderson in Student Services along with your completed application no later**

**than Thursday, March 7, 2024 by 3:30 PM.**