

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. For 2025 we will be awarding two scholarships for \$1000 each.

B. Applications must be received before **September 1, 2025**. Applications shall be submitted to the Awards and Scholarship Subcommittee on forms prepared by the WCCA. Please send applications to Tyler Betry WCCA Webpage Coordinator via e-mail at wccawebpage@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/natural resource 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. Copies of each application will be made and kept by the WCCA Awards and Scholarship Committee.
3. The applications will be reviewed by the WCCA Scholarship Selection Committee not less than 30 days after the deadline. 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)

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:

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

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.

Applicant Signature

Date

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. _____