WESTERN BUILDING MATERIAL ASSOCIATION LINK EDUCATIONAL SCHOLARSHIP FUND

This application consists of four pages. Applicant <u>must</u> complete and return all pages. Additionally, if attending college at this time, a copy of academic records to date must be included.

ELIGIBILITY

An eligible candidate is:

- An employee with three years' full-time employment with a WBMA member firm or a dependent of an employee who has three years' employment with a WBMA member firm.
- Will have a high school diploma or equivalent by August 1, 2024.
- Is attending or plans to attend an accredited two-year or four-year school of higher education or an accredited vocational school, with the intent of the candidate to earn a degree or satisfactory certificate of completion of a vocational program.

SELECTION PROCESS

Scholarship recipients are selected by a five member panel. Selection criteria includes: academic achievements, extracurricular activities, financial need and future goals.

ELIGIBILITY Recommended by: WBMA Member Firm: Address: City, State, Zip: Owner/Manager: Qualifying Employee's Name: Date Employed: Relationship to Applicant: Previous Industry Employment of the Qualifying Employee Begin End

Return completed forms to:

Western Building Material Association Link Educational Scholarship Fund Committee P.O. Box 1699 - Olympia, WA 98507

APPLICATIONS MUST BE POSTMARKED NO LATER THAN MAY 24, 2024.

Application forms may be copied. Do not fax completed application. Mail to above address.

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Applicant's Name

Name of Applicant:					
Home Address					
City, State, Zip):				
Telephone:					
Email.					
High School Name:					
School Address	s:				
School Telepho	one:				
Principal's Nar	me:				
Year of Graduation:					
Cumulative GPA:	Applicant's Rank in Class:				
College Attended to D	pate:				
Major Course of Study	y:				
Dates Attended:					
I hereby certify that the information provided in this application is true and accurate and understand any misstatement of facts may disqualify me from receiving an award from the WBMA Link Educational Fund or subject me to repayment of any proceeds awarded. By submitting this application, I authorize my high school authorities to release my academic records to the WBMA Scholarship Committee. Date of this Application Signature of Applicant:					
REFERENCES (Not Related to Applicant)					
#1 Name:					
Address:					
Telephone:					
#2 Name:					
Address:					
Telephone:					
#3 Name:					
Address:					
Telephone:					

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HONORS AND AWARDS (State Year and Nature of Honor or Award)

Applicant's Name

Scholastic				
Extra-Curricular				
Civic (non-school rel	ated)			
			One	Multiple
Other Scholarships/G	rants Received for Future Education	<u>Amount</u>	<u>Year</u>	<u>Years</u>
Names				
Other Scholarships A Names	pplied For, But Not Yet Awarded:			
	OFFICES AND POSITIONS OF	_		
	(State Name of Organization, Po	sition and Yea	r)	
Scholastic				
	ool related)			
Civic (non-school rel	ated)			_
Any Pravious or Curr	ent Employment:			
7 my 1 revious of Curr	ent Employment.			
A	ION IN SCHOOL, EXTRA-CURIND EMPLOYMENT (Where no icate Organization and Year - State	office was I	neld)	IVITIES
Scholastic				
Extra-Curricular				
Civic (non-school rel	ated)			
	2024/2025 SCHOOL YEA	AR PLANS		
	ocational School You Plan to Attend:			
Address				
Have you been accor	ted by this School?			
Date to be Registered	ted by this School?	,		
If you are currently e	: Course of Study: rolled in School of Higher Education, in	dicate vour curre	ent Course of	f Study
	inoned in School of Higher Education, in			

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Ap	plicant's	Name	

OTHER INFORMATION

1.	In your own words, what are your long-term goals and how are they related to the course of study you wish to pursue?				
2.	In your own words, please comment on why you feel you would be a good candidate for this Scholarship Fund Award:				
3.	How would this Scholarship assist you in your educational goals?				