

# WESTERN BUILDING MATERIAL ASSOCIATION LINK EDUCATIONAL SCHOLARSHIP FUND

*This application consists of four pages. Applicant must 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, 2021.
- ◆ 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

Dates Employed

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 MARCH 26, 2021.**

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

Name of Applicant: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

High School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

School Telephone: \_\_\_\_\_

Principal's Name: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ Applicant's Rank in Class: \_\_\_\_\_

College Attended to Date: \_\_\_\_\_

Major Course of Study: \_\_\_\_\_

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: \_\_\_\_\_

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

Scholastic \_\_\_\_\_  
Extra-Curricular \_\_\_\_\_  
Civic (non-school related) \_\_\_\_\_

Other Scholarships/Grants Received for Future Education Names	<u>Amount</u>	<u>One Year</u>	<u>Multiple Years</u>
_____	_____	_____	_____
_____	_____	_____	_____

Other Scholarships Applied For, But Not Yet Awarded:  
Names \_\_\_\_\_  
\_\_\_\_\_

**OFFICES AND POSITIONS OF LEADERSHIP**  
**(State Name of Organization, Position and Year)**

Scholastic \_\_\_\_\_  
Extra-Curricular (school related) \_\_\_\_\_  
Civic (non-school related) \_\_\_\_\_  
Any Previous or Current Employment: \_\_\_\_\_  
\_\_\_\_\_

**PARTICIPATION IN SCHOOL, EXTRA-CURRICULAR, CIVIC ACTIVITIES  
AND EMPLOYMENT (Where no office was held)**  
**(Indicate Organization and Year - State Only Major Activities)**

Scholastic \_\_\_\_\_  
Extra-Curricular \_\_\_\_\_  
Civic (non-school related) \_\_\_\_\_  
\_\_\_\_\_

**2021/2022 SCHOOL YEAR PLANS**

College/University/Vocational School You Plan to Attend: \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Have you been accepted by this School? \_\_\_\_\_

Date to be Registered: \_\_\_\_\_ Course of Study: \_\_\_\_\_

If you are currently enrolled in School of Higher Education, indicate your current Course of Study  
(attach transcript). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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?

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2. In your own words, please comment on why you feel you would be a good candidate for this Scholarship Fund Award:

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3. How would this Scholarship assist you in your educational goals?

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