

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, 2022.
- ◆ 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 25, 2022.
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) _____

2022/2023 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?

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?
