Richard L. Jones Memorial Scholarship Fund

Program Summary

To be considered for a Richard L Jones Scholarship, applicants must meet these eligibility requirements:

1. Must be the son or daughter (natural, adopted, or dependent) of a BAC Local 1 WA-AK vested member in good standing.

2. Must be a high school senior graduating from high school in the spring of 2026 and will attend college in the fall of 2027.

Please fill out the Entry Form and attach a 250-word (approximate) essay outlining the following:

* Academic Achievements
* Plans for College
* Why do you feel this scholarship would be beneficial for you?

Entries for the scholarship must be received by June 30, 2026.

Please enclose a copy of your most recent report card or transcripts and a copy of the acceptance letter from the school you plan to attend. As a condition of this scholarship, we will also need a digital photo (preferably a senior picture, but not mandatory) for our local website. Please email bacadmin@bacnorthwest.org. If you have any questions, please contact our office at 206-248-2456.

Best wishes,

MANAGEMENT COMMITTEE

Richard L. Jones Memorial Scholarship Fund

ENTRY FORM

The Richard L. Jones Memorial Scholarship is for dependents of current BAC Local 1 WA-AK members. To be completed and returned before June 30, 2026, to:

BAC Local 1 WA-AK
Attn: Richard L Jones Memorial Scholarship
15208 52nd Ave S, STE 120
Tukwila, WA 98188

I will complete high school in 2026 and enroll full-time in college in 2026: [ ] YES [ ] NO

The month and year I will complete high school is: _____ MONTH _____ YEAR

I am the [ ] SON or [ ] DAUGHTER of a BAC member in good standing.

(Please type or print)

Name of Applicant: _____ _____ _____
Last First M.I.

Home Address: _____
Number and Street City State Zip Code

Home Phone: _____ Cell Phone:_____ Email:_____

Sex: [ ] Male [ ] Female Birth Date:_____- ____- ____ SSN# _____- ____- _____
Month Day Year

High School You Currently Attend: _____
EXACT NAME City State Zip Code

Name of Parent / BAC Member: _____

[ ] Father
[ ] Mother
[ ] Stepfather
[ ] Stepmother

Please enter my name in the 2026 Richard L Jones Memorial Scholarship Program. With my signature, I hereby certify that the above information provided in this form is true and correct.

_____ _____ _____
Signature of Applicant Date Signature of Parent/BAC Member