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 Washington and Alaska vested member in good standing.

2. Must be a high school senior graduating from high school in the spring of 2020, and will attend college in the fall of 2020.

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

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

Entries for the scholarship must be received by June 30, 2020.

Please enclose a copy of 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 (preferable a senior picture, but not mandatory) for our local website. Please email to jkohler@bacnorthwest.org. If you have any questions please contact our office at 206-248-2456.

Best wishes,

MANAGEMENT COMMITTEE
ENTRY FORM

The Richard L. Jones Memorial Scholarship for daughters and sons of current BAC Local 1 Washington and Alaska members. To be completed and returned before June 30, 2020 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 2020 and enroll full time in college in 2020: [ ] 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: _______________ Phone:____________________ Email:____________________

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

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

Name of Parent / BAC Local 1 Member: _____________________________ [ ] Father
[ ] Mother [ ] Stepfather [ ] Stepmother

Please enter my name in the 2020 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