

# 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 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](mailto:jkohler@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 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 52<sup>nd</sup> 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: \_\_\_\_\_ 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 Local 1 Member: \_\_\_\_\_  
 Father  Mother  
 Stepfather  Stepmother

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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