

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 2021, and will attend college in the fall of 2021.

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 May 31, 2021.

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

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 May 31, 2021 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 2021 and enroll full time in college in 2021: 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

Please enter my name in the 2021 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