## **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 2024 and will attend college in the fall of 2024.

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, 2024.

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 <u>bacadmin@bacnorthwest.org</u>. 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, 2024, 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 2024 and enroll full-time in college in 2024: [] 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	Cell	-		-
Phone:	_ Phone:		Email:	
Sex: [ ] [ ] Bir	h			
	e:		SSN#	
		Day `		
High School				
You Currently				
Attend:				
EXACT NAME		City	State	Zip Code
Name of Parent /			[] Father	
BAC			[] Mother	
Member:			[] Stepfather	
			[] Stepmother	

Please enter my name in the 2024 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