

ACTIVITIES VOCATIONAL AND HOME ECONOMICS OR HEALTH RELATED STUDIES
APPLICANTS MUST BE A MEMBER OF A SUBORDINATE GRANGE IN THE STATE OF WASHINGTON FOR AT LEAST ONE YEAR.

KEGLEY AGRICULTURAL APPLICANTS MUST BE GRANGE MEMBERS OR BECOME GRANGE MEMBERS BEFORE THE AWARD IS GIVEN AND THEY MUST HAVE COMPLETED THEIR SOPHOMORE YEAR IN COLLEGE WITH A 3.0 OR GREATER CUMULATIVE G.P.A.

The scholarships must be used at an institution offering courses leading to a certificate or degree in the chosen field of profession or vocation. This includes community colleges as well as institutions offering academic degree programs.

Payments will be made directly to the college or university of the recipient's choice.

PLEASE READ INSTRUCTIONS CAREFULLY.

The Scholarship Committee will base its awards on the following:

1. Applicant's need for a scholarship.
2. Scholastic ability.
3. Participation in extracurricular activities including Grange membership and Grange activities, 4-H, FFA, church, Scouts, school clubs, sports, music, etc.
4. Character references.
5. Completeness in filling out application forms.

All pages of the application must be returned before the deadline to be eligible. *Incomplete applications will not be considered.*

COMPLETED FORMS MUST BE RECEIVED IN OUR OFFICE **NO LATER THAN APRIL 1ST**.

MAIL TO:

Washington State Grange
Scholarship Committee
PO Box 1186
Olympia, WA 98507-1186

CHECK-LIST

We are including a checklist for your convenience. Incomplete applications result in disqualification. Remember to double check those items that you delegate to others to send, such as transcripts or recommendation forms. They remain **YOUR** responsibility for follow-up even though they are mailed by others:

- | | |
|--|---|
| <input type="checkbox"/> Confidential report from school | <input type="checkbox"/> List of Applicant's activities |
| <input type="checkbox"/> Confidential report from local Grange | <input type="checkbox"/> Application Questions 1-18 |
| <input type="checkbox"/> Transcript | <input type="checkbox"/> Application signed and dated |
| <input type="checkbox"/> Financial Statement | <input type="checkbox"/> Application mailed no later |
| <input type="checkbox"/> Letter from Applicant | <input type="checkbox"/> than 3 rd week of March |

WASHINGTON STATE GRANGE 2020 SCHOLARSHIP APPLICATION

The Washington State Grange offers many scholarships each year. You will be considered an applicant for all scholarships for which you qualify. No student will receive more than one scholarship per year. To ensure that you are considered for **ALL** the scholarships for which you qualify, please check the area of study below that best describes you.

COLLEGE OR UNIVERSITY (2- or 4-year):

- My Agriculture or Ag-related major is _____.
- My Home Economics or Health-related major is _____.
- My major is _____.
- I am undecided.

VOCATIONAL OR TECHNICAL SCHOOL:

- Agriculture or Ag-related _____.
- Other _____.

COMPLETED APPLICATIONS MUST BE RECEIVED NO LATER THAN APRIL 1ST.

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P.O. Box 1186
Olympia, WA 98507-1186

1. NAME: Ms./Mr. _____
2. Complete Home Address

3. Contact phone number () _____ E-mail: _____
4. Date of Birth _____ 4. Soc. Sec. No.* _____
**We do not use the Soc. Sec. No., but all schools require it when we send them money.*
5. I am a member of _____ Grange since _____
City _____ County _____
6. Father/Legal Guardians Name _____ Occupation _____
7. Mother/Legal Guardians Name _____ Occupation _____
8. Parent/Legal Guardians Grange & County _____ .Member(s) since _____
9. I/we live in _____ County.

10. I graduate(d) from _____ High School on (date) _____.
11. I am now a _____ high school student, _____ college student. (Check one)
12. If in college, name of college now attending. _____.
13. Year in college you will be next year: 1 2 3 4 (Circle one.)
14. Complete name and address of college where you plan to use any scholarship awarded to you:

Name of college

Address

State

Zip Code

15. **Grade Point Average:** High School _____. College thus far _____.
(Be sure to send us a current transcript.)
16. **Write a short letter to accompany your application (in proper business letter form).** Please briefly tell us your goals and explain your need for a scholarship.
17. **High School Seniors:** Please list on a separate sheet your major activities, honors, and achievements in school, Grange, church, community service, other organizations, and work. For our convenience in evaluating, please list by group.
18. **College students and/or returnees:** List on a separate sheet your activities during the last two years, including school, community service, and church, as well as non-school activities, such as Grange and other organizations. Include a brief work history. For our convenience in evaluating, please list by group.

The information listed in the application and financial summary is accurate and correct to the best of my knowledge.

Date: _____

Applicant's Signature: _____
(Required)

Revised 2020

COMPREHENSIVE INCOME AND EXPENSE STATEMENT
September to June

COMPLETED APPLICATIONS MUST BE RECEIVED NO LATER THAN APRIL 1ST.

MAIL TO:

**Washington State Grange
Scholarship Committee
PO Box 1186
Olympia, WA 98507-1186**

Applicant's name _____

COLLEGE EXPENSE REQUIREMENTS

Note: Current college students must fill out both columns.

EXPENSES	High School AND College Students fill out this column.	Current college students must fill out this column also.
ITEM	BUDGET FOR NEXT SCHOOL YEAR.	AMOUNTS SPENT FOR CURRENT SCHOOL YEAR.
TUITION & FEES		
BOOKS		
HOUSING		
FOOD		
UTILITIES - List		
INCIDENTALS - Specify		
TRANSPORTATION		
OTHER - Specify		
TOTAL		

Are you declared on your parents'/legal guardian's Federal Income Tax return as a dependent? _____

Will your parents/legal guardian help with your expenses? _____ If so, to what extent?

Number of dependents in family? _____

Number of dependents in college? _____

SOURCE OF FUNDS FOR NEXT SCHOOL YEAR

Note: Current college students must fill out both columns.

SPECIFIC SOURCE OF FUNDS	High school AND college students fill out this column.	Current college students must fill out this column also.
	Budget for next school year.	Amounts for current school year.
PARENTS/LEGAL GUARDIANS		
WORK * (self and spouse)		
RELATIVES		
APPLICANT'S SAVINGS **		
G. I. BILL		
OTHER SCHOLARSHIPS-List		
STUDENT LOANS		
WORK-STUDY		
R.O.T.C.		
OTHER - Specify		
TOTAL		

*List amount you have set aside for use in financing your education for the year for which you are applying.

** Show portion to be applied to the year for which you are applying. For example, if you have \$1,000 in savings and four years of college remaining, apply \$250 to the next year.

COMMENTS CONCERNING BUDGET:

BRIEF WORK HISTORY:

Revised 2020

SCHOOL RECOMMENDATION

CONFIDENTIAL REPORT ON APPLICANT FOR WASHINGTON STATE GRANGE SCHOLARSHIP

COMPLETED FORMS MUST BE RECEIVED IN OUR OFFICE NO LATER THAN APRIL 1ST.

MAIL TO:

Washington State Grange Scholarship Committee
PO Box 1186
Olympia, WA 98507-1186

A. THIS PORTION TO BE COMPLETED BY APPLICANT: (Type or print in ink.)

Name of applicant.

First

Middle

Last

Home address. _____

_____ Zip Code _____

College attending _____ Major _____ Year 1 2 3 4 (Circle one)

If still in high school, name of high school _____

HIGH SCHOOL STUDENTS: This form should be given to your high school principal, counselor or teacher, not an immediate family member *, to complete and return to the above address no later than April 1st. A **transcript** of your grades is also **REQUIRED**.

CURRENT COLLEGE STUDENTS: Current college students and/or online students may substitute a letter of recommendation from an employer in place of the school recommendation.

B. THIS PORTION TO BE COMPLETED BY HIGH SCHOOL OFFICIAL:

He/She (has satisfied/will satisfy) our graduation requirements with grades certifiable for college entrance. _____

Applicant ranks _____ **in a class of** _____ **students. Applicant's grade average:** _____.

(Class rank and grade average to be based on entire high school record to date. Grade point average to include ALL grades for three or four-year high school.)

COLLEGE STUDENTS: If you are now attending college, please have a **professor or advisor**, not an immediate family member, complete this form. A **transcript** of your college grades is **REQUIRED**, along with this form, returned to the above address no later than April 1st.

NOTE: School or college must fill out both sides of the application including the points scoring.

(OVER)

TO BE COMPLETED BY SCHOOL OR COLLEGE REFERENCE: A point rating of the personal qualifications of the applicant is **mandatory** for judging purposes. Your report and comments will be seriously considered when we rate the applicant.

POINTS: POOR 0, FAIR 2, GOOD 3, VERY GOOD 4, OUTSTANDING 5

	POINTS	COMMENTS
Prompt & prepared		
Performance		
Integrity		
Leadership		
Initiative		

To what degree do you recommend this applicant for a scholarship?

Highly _____ Fair degree of confidence _____ With some doubt _____

Any further statement that you feel will provide information of value to the scholarship committee in considering the application will be appreciated.

Signature _____ Date _____

Title _____

School _____ Principal's Name _____
(If applicant is in High School)

School Address _____

GRANGE RECOMMENDATION

CONFIDENTIAL REPORT ON APPLICANT FOR WASHINGTON STATE GRANGE SCHOLARSHIP

COMPLETED APPLICATIONS MUST BE RECEIVED NO LATER THAN APRIL 1ST.

MAIL TO:

Washington State Grange Scholarship Committee
PO Box 1186
Olympia, WA 98507-1186

A. THIS PORTION TO BE COMPLETED BY APPLICANT: (Type or print in ink.)

Name of applicant.

First	Middle	Last
-------	--------	------

Home address. _____

_____ Zip Code _____

College attending _____ Major _____ Year: 1 2 3 4 (Circle one)

If still in high school, name of high school _____

Your Grange _____ Master's Name _____

Master's Address _____

NOTE TO APPLICANT: This form should be given to **your GRANGE** to complete.
(If you don't know who the Master of your Grange is, please contact the State Grange Office at the number above.)

B. THIS PORTION TO BE COMPLETED BY GRANGE REFERENCE:

It is recommended this form be completed by a non-family member.

1. Are you acquainted with the applicant? _____ For how long? _____
In what capacity? _____

2. Are you related to this applicant? _____ If so, how? _____

(OVER)

TO BE COMPLETED BY GRANGE REFERENCE: (continued)

A point rating of the personal qualifications of the applicant is **mandatory** for judging purposes. Your report and comments will be seriously considered when we rate the applicant.

POINTS: POOR 0, FAIR 2, GOOD 3, VERY GOOD 4, OUTSTANDING 5

	POINTS	COMMENTS
Prompt & prepared		
Performance		
Integrity		
Leadership		
Initiative		

3. To what degree do you recommend this applicant for a scholarship?

Highly _____ Fair degree of confidence _____ With some doubt _____

4. Please comment on abilities and accomplishments you know about:

5. Any further statement that you feel will provide information of value to the scholarship committee in considering the application will be appreciated.

Signature _____ Date _____

I am a member of _____ Grange in _____ County.

Title _____ Grange Member Since _____