

Washington Federation of State Employees, Olympia, Local 443
Post Office Box 105
Olympia, WA 98507-0105

BARBARA O'NEILL PUBLIC SERVICE SCHOLARSHIP APPLICATION

Statement of Facts

To be completed by the applicant (type or print in ink)

Personal Information

Name: _____ Sex: _____

Address: _____

Date of Birth: _____ Birthplace: _____

Phone Number: _____

College/University Plans

College/University Choice: _____

For which profession will you prepare: _____

List your non-academic activities (examples: student council member, high school orchestra, Boy Scouts, basketball team, school annual, French club, etc.):

Freshman Year: _____

Sophomore Year: _____

Junior Year: _____

Senior Year: _____

List special awards earned in high school: _____

Name and city of your high school: _____

Mail an official transcript of your high school grade record, including your first semester of your senior year directly to the Scholarship Committee.

Financial Information

List all sources of additional income including, but not limited to Social Security, Unemployment Compensation, Workman's Compensation, Child Support, Alimony, Public Assistance, Food Stamps, Pension, Rental Property, Investments, etc.

Have you applied for any other scholarships? _____

If yes, name sponsor(s): _____

If so, give the name(s), period(s) covered and the amounts:

Are you working? _____ Hours per week: _____

Name of Employer: _____

Give pertinent information about your own earnings, financial assets and obligations that would be helpful in evaluating your own ability to finance your college education:

Family Information

Name	Occupation	Gross Annual Income
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Father/Guardian: _____

Mother/Guardian: _____

Brothers and sisters living at home:

Name	Age	Grade in School
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Please list The WFSE Local 443 member(s) who makes you eligible for consideration of this scholarship:

Name	Relationship	Agency of Employment	City
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In applying for the scholarship described in this application form, I certify that all the facts contained herein are correct.

Date:

Signature: _____