

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

**ELSIE SCHRADER HIGH SCHOOL 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 what 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: \_\_\_\_\_

Attach an official transcript of your high school grade record, including your first semester of your senior year.

**Financial Information**

Have you applied for any other scholarships? \_\_\_\_\_

If yes, name sponsor(s): \_\_\_\_\_

Have you been, or are you now, the recipient of a scholarship or other award?

\_\_\_\_\_

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 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 |
|------|------------|---------------------|
|------|------------|---------------------|

Father/Guardian: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_

Brothers and sisters living at home:

| Name  | Age | Grade in School |
|-------|-----|-----------------|
| <hr/> |     |                 |
| <hr/> |     |                 |
| <hr/> |     |                 |

Please list the WFSE, Olympia, Local 443 member(s) who makes you eligible for consideration of this scholarship:

| Name  | Relationship | Union Name | Local Number | City |
|-------|--------------|------------|--------------|------|
| <hr/> |              |            |              |      |
| <hr/> |              |            |              |      |

In applying for the scholarship described in this application form, I certify that all the facts contained herein are correct.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Note: This application, official transcript and the Faculty Comment Sheet must be forwarded to the Elsie Schrader Scholarship Committee, WFSE, Olympia, Local 443, P. O. Box 105, Olympia, WA 98507-0105, **by May 31, 20\_\_\_\_ (2009 or 2010, for example).**