



## JACK McDONALD MEMORIAL SCHOLARSHIP APPLICATION 2023 – 2024 SCHOOL YEAR

PLEASE PRINT

NAME OF APPLICANT: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ SEX:  Male  Female

LOCAL 302 MEMBER'S NAME: \_\_\_\_\_ MEMBER'S SSN: \_\_\_\_\_

RELATION TO THE APPLICANT: \_\_\_\_\_

OFFICIAL USE ONLY: Initiation Date: \_\_\_\_\_ Register #: \_\_\_\_\_ Good Standing \_\_\_\_\_

School you presently attend: \_\_\_\_\_ Graduation date: \_\_\_\_\_

To which university(ies), college(s) or vocational program(s) have you applied or will you apply? \_\_\_\_\_  
\_\_\_\_\_

Provide a brief statement regarding your educational and career goals: \_\_\_\_\_  
\_\_\_\_\_

List all activities, organizations and honors while in high school: \_\_\_\_\_  
\_\_\_\_\_

List outside activities and/or other special interests: \_\_\_\_\_  
\_\_\_\_\_

**SCHOOL STATEMENT FOR 2023 – 2024 SCHOOL YEAR**

PLEASE PRINT  
NAME OF

APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_

DATE OF ENROLLMENT AT YOUR SCHOOL: \_\_\_\_\_

Do you believe the applicant will perform university, college or vocational technical college work successfully?

- YES                       NO

Is the applicant a leader in recognized extracurricular activity at your school?

- YES                       NO

If so, please specify the activity: \_\_\_\_\_

\_\_\_\_\_

Please give your personal evaluation of the  
applicant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

The Principal or authorized representative is requested to complete this form, include one copy of the applicant's official transcript, and mail both directly to:

**IUOE Local 302  
18701 120<sup>th</sup> Ave. NE Bothell, WA 98011**