

JACK McDONALD MEMORIAL SCHOLARSHIP APPLICATION 2024 - 2025 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 2024 - 2025 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 120th Ave. NE Bothell, WA 98011**