JACK McDONALD MEMORIAL SCHOLARSHIP APPLICATION
2026 – 2027 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 2026 – 2027 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:

Attn: Monique Paullus, IUOE Local 302
18701 120th Ave. NE Bothell, WA 98011