



**JACK McDONALD MEMORIAL SCHOLARSHIP APPLICATION**  
**2018 – 2019 SCHOOL YEAR**

PLEASE PRINT  
NAME OF  
APPLICANT: \_\_\_\_\_

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

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

PARENT'S NAME: \_\_\_\_\_ PARENT'S SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

OFFICIAL USE ONLY: Initiation Date: _____ Register #: _____ Good Standing _____
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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 2017 – 2018 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