

MERLE S. and EMMA J. WEST SCHOLARSHIP FUND

WEST SCHOLARSHIP COMMITTEE
 C/O US Bank
 PO Box 3168 • Portland, OR 97208 • (541) 883-3857
 www.merlewestscholarship.com

SCHOLARSHIP RENEWAL APPLICATION

This form is to be used **ONLY** by applicants who have attended school with the help of a West Scholarship grant during the immediately preceding academic year. This completed application must be **MAILED** to the above address and postmarked no later than April 1st. Should April 1st fall on a weekend or holiday then the application must be postmarked no later than the first business day following. **INCOMPLETE APPLICATIONS WILL NOT BE GIVEN CONSIDERATION.**

I hereby make application for a scholarship grant of \$ _____ to be applied against my educational expenses during my _____ year at _____
fr. so. jr. sr. name of institution
 in _____ city state . I expect to graduate in _____ mo. Yr.
 with a degree in _____ .

PERSONAL INFORMATION						
Name (Last, First, Middle)			Marital Status		Birth Date	Social Security No.
Permanent Address		City	State	Zip Code	Home Telephone No.	
Address While Attending School		City	State	Zip Code	Telephone No.	
Present Employer	Address	Business Phone		Type of Work	Dates (Mo. Yr.)	
Dependents: Number, Ages	Occupation Preparing For	Military Service <input type="checkbox"/> Yes <input type="checkbox"/> No		Branch	Dates	Service No.
PARENTAL/SPOUSE INFORMATION AND REFERENCES						
	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Spouse			<input type="checkbox"/> Parent <input type="checkbox"/> Guardian		
Name						
Home Address						
City/State/Zip						
Phone /Age	Business Phone Home Phone		(Age)	Business Phone Home Phone		(Age)
Employer						
Occupation						
List all previously earned college or university degrees						
List Business, Civic , Military organizations, etc. in which you are a member. Add sheet if necessary						
NAME OF ORGANIZATION				YOUR ROLE IN ORGANIZATION		

