



# WASHINGTON STATE GRANGE

924 Capitol Way S. #300 · PO Box 1186 · Olympia, WA 98507-1186  
(360) 943-9911 · FAX 357-3548 · 1-800-854-1635 · [www.wa-grange.org](http://www.wa-grange.org)

Revised 2010

## WASHINGTON STATE GRANGE 2010 SCHOLARSHIP INFORMATION

<u>SCHOLARSHIPS AVAILABLE</u>	<u>AMOUNT</u>	<u>COURSE OF STUDY</u>
MARTIN & GRACIE FORRY	\$750	Agriculture - 4 year continuing
DELPHA GOUDE	\$750	Agriculture - 4 year continuing
RAY & MARION KAMERRER	\$750	Any major - 4 year continuing
*NORMAN BUCHHOLZ	Variable	Agriculture
DELPHA GOUDE	\$750	Agriculture
KEGLEY AGRICULTURAL	\$750	Agriculture (Jr. Yr. in College or Higher)
*CLIFFORD & HELEN KITTLESON	\$750	Agriculture
*KIONA-BENTON GRANGE, JACK D. KOSS MEMORIAL	\$750	Agriculture
HORACE BOZARTH	\$750	Agriculture or Home Economics
*WOMEN'S ACTIVITIES HOME ECONOMICS	\$750	Home Economics
ENGA M. ANDERSON	\$750	Any
RAY & MARION KAMERRER	\$750	Any
MARION & SNOWIE VANDERPOOL	\$750	Any
RIVERVIEW GRANGE	\$750	Any
FOX ISLAND GRANGE	\$750	Any
*NOB HILL GRANGE	\$750	Any
*LONE OAK GRANGE	\$750	Any
*WOMEN'S ACTIVITIES VOCATIONAL	\$750	Any
BEAR CREEK MEMORIAL	\$750	Any
FRENCH CREEK GRANGE	\$750	Any
ROCK CREEK GRANGE	\$750	Any

The Washington State Grange offers scholarships to qualified students as funds from current contributions, donations, or interest from dedicated funds become available.

The applicants must be high school seniors or graduates already enrolled or planning to enroll in institutions of higher learning. Applicants or their parents or guardians must currently be members of the Washington State Grange. **For information on joining, visit [www.wa-grange.org](http://www.wa-grange.org).**

**WOMEN'S ACTIVITIES VOCATIONAL AND HOME ECONOMICS, OR HEALTH RELATED STUDIES** APPLICANTS MUST BE A MEMBER OF A SUBORDINATE GRANGE IN THE STATE OF WASHINGTON FOR AT LEAST ONE YEAR.

**KEGLEY AGRICULTURAL APPLICANTS** MUST BE GRANGE MEMBERS OR BECOME GRANGE MEMBERS BEFORE THE AWARD IS GIVEN AND THEY MUST HAVE COMPLETED THEIR SOPHOMORE YEAR IN COLLEGE WITH A 3.0 OR GREATER ACCUMULATIVE G.P.A.

The scholarships must be used at any institution offering courses leading to a certificate or degree in the chosen field of profession or vocation. This includes community colleges as well as institutions offering academic degree programs.

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\* Scholarships marked with asterisk must be used at an institution within the State of Washington.

Continuing education scholarship recipients must become Grange members within one year of receiving award, pursuant to provisions of our scholarship contracts. They must inform the scholarship committee of their membership status and college enrollment each year.

Payments will be made directly to the college or university of the recipient's choice.

**PLEASE READ INSTRUCTIONS CAREFULLY.**

The Scholarship Committee will base its awards on the following:

1. Applicant's need for a scholarship.
2. Scholastic ability.
3. Participation in extracurricular activities including Grange membership and Grange activities, 4-H, church, Scouts, school clubs, sports, music, etc.
4. Character references.
5. Completeness in filling out application forms.

**All pages of the application must be returned before the deadline to be eligible. Incomplete applications will not be considered.**

COMPLETED FORMS MUST BE RECEIVED IN OUR OFFICE **NO LATER THAN APRIL 1<sup>ST</sup>**.

MAIL TO:

Washington State Grange  
Scholarship Committee  
PO Box 1186  
Olympia, WA 98507-1186

**CHECK-LIST**

We are including a check-list for your convenience. Incomplete applications result in disqualification. Remember to double check those items that you delegate to others to send, such as transcripts or recommendation forms. They remain **YOUR** responsibility for follow-up even though they are mailed by others:

- |  |   |
|--|---|
| <input type="checkbox"/> Confidential report from school       | <input type="checkbox"/> List of Applicant's activities |
| <input type="checkbox"/> Confidential report from local Grange | <input type="checkbox"/> Application Questions 1-18     |
| <input type="checkbox"/> Transcript                            | <input type="checkbox"/> Application signed and dated   |
| <input type="checkbox"/> Financial Statement                   | <input type="checkbox"/> Application mailed no later    |
| <input type="checkbox"/> Letter from Applicant                 | than 3 <sup>rd</sup> week of March                      |

**Note: Every application must include a current transcript.**

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## WASHINGTON STATE GRANGE 2010 SCHOLARSHIP APPLICATION

The Washington State Grange offers many scholarships each year. You will be considered an applicant for all scholarships for which you qualify. No student will receive more than one scholarship per year. To ensure that you are considered for **ALL** of the scholarships for which you qualify, please check the area of study below that best describes you.

### COLLEGE OR UNIVERSITY (2- or 4-year):

- My Agriculture or Ag-related major is \_\_\_\_\_.
- My Home Economics or Health-related major is \_\_\_\_\_.
- My major is \_\_\_\_\_.
- I am undecided.

### VOCATIONAL OR TECHNICAL SCHOOL:

- Agriculture or Ag-related \_\_\_\_\_.
- Other \_\_\_\_\_.

### **COMPLETED APPLICATIONS MUST BE RECEIVED NO LATER THAN APRIL 1<sup>ST</sup>.**

Mail to: Washington State Grange  
Scholarship Committee  
P.O. Box 1186  
Olympia, WA 98507-1186

1. NAME Ms. \_\_\_\_  
Mr. \_\_\_\_\_
2. Home Address \_\_\_\_\_
3. Contact phone number (    ) \_\_\_\_\_
4. Date of Birth \_\_\_\_\_    4. Soc. Sec. No.\* \_\_\_\_\_  
*\*We do not use the Soc. Sec. No., but all schools require it when we send them money.*
5. Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_
6. Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_
7. I am a member of \_\_\_\_\_ Grange since \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_
8. Parent's Grange & County \_\_\_\_\_ Member(s) since \_\_\_\_\_
9. I/we live in \_\_\_\_\_ County.

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10. Do you or your parents have Grange Insurance? \_\_\_\_\_
11. I graduate(d) from \_\_\_\_\_ High School on (date) \_\_\_\_\_.
12. I am now a \_\_\_\_\_ high school student, \_\_\_\_\_ college student. (Check one)
13. If in college, name of college now attending. \_\_\_\_\_.
14. Year in college you will be next year: 1 2 3 4 (Circle one.)
15. Complete name and address of college where you plan to use any scholarship awarded to you:

\_\_\_\_\_  
Name of college

\_\_\_\_\_  
Address

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

15. **Grade Point Average:** High School \_\_\_\_\_. College thus far \_\_\_\_\_.  
**(Be sure to send us a current transcript.)**
16. **Write a short letter to accompany your application (in proper business letter form).** Please briefly tell us your goals, and explain your need for a scholarship.
17. **High School Seniors:** Please list on a separate sheet your major activities, honors, and achievements in school, Grange, church, community service, other organizations, and work. For our convenience in evaluating, please list by group.
18. **College students and/or returnees:** List on a separate sheet your activities during the last two years, including school, community service, and church, as well as non-school activities, such as Grange and other organizations. Include a brief work history. For our convenience in evaluating, please list by group.

**The information listed in the application and financial summary is accurate and correct to the best of my knowledge.**

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_  
(Required)

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## COMPREHENSIVE INCOME AND EXPENSE STATEMENT September to June

COMPLETED FORMS MUST BE RECEIVED IN OUR OFFICE NO LATER THAN APRIL 1<sup>st</sup>.

MAIL TO:

**Washington State Grange  
Scholarship Committee  
PO Box 1186  
Olympia, WA 98507-1186**

Applicant's name \_\_\_\_\_

### COLLEGE EXPENSE REQUIREMENTS

Note: Current college students must fill out both columns.

<b>EXPENSES</b>	High School <b>AND</b> College Students fill out this column.	Current college students <b>must</b> fill out this column also.
ITEM	<b>BUDGET FOR NEXT SCHOOL YEAR.</b>	<b>AMOUNTS SPENT FOR CURRENT SCHOOL YEAR.</b>
TUITION & FEES		
BOOKS		
HOUSING		
FOOD		
UTILITIES - List		
INCIDENTALS - Specify		
TRANSPORTATION		
OTHER - Specify		
<b>TOTAL</b>		

Are you declared on your parents' Federal Income Tax return as a dependent? \_\_\_\_\_

Will your parents help with your expenses? \_\_\_\_\_ If so, to what extent? \_\_\_\_\_

Number of dependents in family? \_\_\_\_\_ Number of dependents in college? \_\_\_\_\_

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**SOURCE OF FUNDS FOR NEXT SCHOOL YEAR**  
**Note: Current college students must fill out both columns.**

SPECIFIC SOURCE OF FUNDS	High school <b><u>AND</u></b> college students fill out this column.	Current college students <b><u>must</u></b> fill out this column also.
	<b>Budget for next school year.</b>	<b>Amounts for current school year.</b>
PARENTS		
WORK * (self and spouse)		
RELATIVES		
SAVINGS **		
G. I. BILL		
OTHER SCHOLARSHIPS-List		
STUDENT LOANS		
WORK-STUDY		
R.O.T.C.		
OTHER - Specify		
TOTAL		

\*List amount you have set aside for use in financing your education for the year for which you are applying.

\*\* Show portion to be applied to the year for which you are applying. For example, if you have \$1,000 in savings and four years of college remaining, apply \$250 to the next year.

COMMENTS CONCERNING BUDGET:

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BRIEF WORK HISTORY:

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## SCHOOL RECOMMENDATION

### CONFIDENTIAL REPORT ON APPLICANT FOR WASHINGTON STATE GRANGE SCHOLARSHIP

**COMPLETED FORMS MUST BE RECEIVED IN OUR OFFICE NO LATER THAN APRIL 1<sup>ST</sup>.**

**MAIL TO:**

Washington State Grange Scholarship Committee  
PO Box 1186  
Olympia, WA 98507-1186

**THIS PORTION TO BE COMPLETED BY APPLICANT:** (Type or print in ink.)

Name of applicant. \_\_\_\_\_  
First Middle Last

Home address. \_\_\_\_\_  
Zip Code \_\_\_\_\_

College attending \_\_\_\_\_ Major \_\_\_\_\_ Year 1 2 3 4 (Circle one)

If still in high school, name of high school \_\_\_\_\_

**HIGH SCHOOL STUDENTS:** This form should be given to your high school principal, counselor or teacher, not an immediate family member \*, to complete and return to the above address no later than April 1<sup>st</sup>. A **transcript** of your grades is also **REQUIRED**.

**TO BE COMPLETED BY HIGH SCHOOL OFFICIAL:**

He/She (has satisfied/will satisfy) our graduation requirements with grades certifiable for college entrance. \_\_\_\_\_

**Applicant ranks** \_\_\_\_\_ **in a class of** \_\_\_\_\_ **students. Applicant's grade average:** \_\_\_\_\_.  
(Class rank and grade average to be based on entire high school record to date. Grade point average to include ALL grades for three or four year high school.)

**COLLEGE STUDENTS:** If you are now attending college, please have a **professor or advisor**, not an immediate family member\*, complete this form. A **transcript** of your college grades is **REQUIRED**, along with this form, returned to the above address no later than April 1<sup>st</sup>.

**NOTE: School or college must fill out both sides of the application including the points scoring.**

(OVER)

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**TO BE COMPLETED BY SCHOOL OR COLLEGE REFERENCE:** A point rating of the personal qualifications of the applicant is **mandatory** for judging purposes. Your report and comments will be seriously considered when we rate the applicant.

**POINTS: POOR 0, FAIR 2, GOOD 3, VERY GOOD 4, OUTSTANDING 5**

	<b>POINTS</b>	<b>COMMENTS</b>
<b>Prompt &amp; prepared</b>		
<b>Performance</b>		
<b>Integrity</b>		
<b>Leadership</b>		
<b>Initiative</b>		

To what degree do you recommend this applicant for a scholarship?

Highly \_\_\_\_\_ . Fair degree of confidence \_\_\_\_\_ . With some doubt \_\_\_\_\_ .

Any further statement that you feel will provide information of value to the scholarship committee in considering the application will be appreciated.

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**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Title** \_\_\_\_\_

**School** \_\_\_\_\_ **Principal's Name** \_\_\_\_\_  
**(If applicant is in High School)**

**School Address** \_\_\_\_\_



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## GRANGE RECOMMENDATION

### CONFIDENTIAL REPORT ON APPLICANT FOR WASHINGTON STATE GRANGE SCHOLARSHIP

**COMPLETED FORMS MUST BE RECEIVED IN OUR OFFICE NO LATER THAN APRIL 1<sup>ST</sup>.**

**MAIL TO:**

Washington State Grange Scholarship Committee  
PO Box 1186  
Olympia, WA 98507-1186

**A. THIS PORTION TO BE COMPLETED BY APPLICANT:** (Type or print in ink.)

Name of applicant \_\_\_\_\_  
First Middle Last

Home address \_\_\_\_\_  
\_\_\_\_\_ Zip Code \_\_\_\_\_

College attending \_\_\_\_\_ Major \_\_\_\_\_ Year: 1 2 3 4 (Circle one)

If still in high school, name of high school \_\_\_\_\_

Your Grange \_\_\_\_\_ Master's Name \_\_\_\_\_

Master's Address \_\_\_\_\_

**NOTE TO APPLICANT:** This form should be given to the **your GRANGE** to complete.  
(If you don't know who the Master of your Grange is, please contact the State Grange Office at the number above.)

**B. TO BE COMPLETED BY REFERENCE:**

1. Are you acquainted with the applicant? \_\_\_\_\_ For how long? \_\_\_\_\_  
In what capacity? \_\_\_\_\_

2. Are you related to this applicant? \_\_\_\_\_ If so, how? \_\_\_\_\_

(OVER)

**TO BE COMPLETED BY GRANGE REFERENCE: (continued)**

2) A point rating of the personal qualifications of the applicant is **mandatory** for judging purposes. Your report and comments will be seriously considered when we rate the applicant.

**POINTS: POOR 0, FAIR 2, GOOD 3, VERY GOOD 4, OUTSTANDING 5**

	<b>POINTS</b>	<b>COMMENTS</b>
<b>Prompt &amp; prepared</b>		
<b>Performance</b>		
<b>Integrity</b>		
<b>Leadership</b>		
<b>Initiative</b>		

3. To what degree do you recommend this applicant for a scholarship?  
Highly \_\_\_\_\_ . Fair degree of confidence \_\_\_\_\_ . With some doubt \_\_\_\_\_.

4. Please comment on abilities and accomplishments you know about:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Any further statement that you feel will provide information of value to the scholarship committee in considering the application will be appreciated.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Title** \_\_\_\_\_ **Grange Member Since** \_\_\_\_\_