

# CAMAS - WASHOUGAL BUSINESS ALLIANCE SCHOLARSHIP



The CWBA scholarship was developed in support of our goal to encourage and strengthen positive community involvement among our future community and business leaders. The scholarship is intended to aid Camas and Washougal high school students wishing to further their academic or vocational education.

**Who is Eligible:** Camas and Washougal High School seniors graduating and accepted at a 2 or 4 year college/university or vocational school of their choice.



The scholarship committee will consider community service, extracurricular activities and academic record; however, these are not the sole criteria for the selection process. You must be accepted/attending a vocational school or college, before funds are disbursed.

## **Required Information:**

A completed application form.

Essay describing your experience with community service and how you plan to use your academic and occupational skills to assist your community.

Copy of current high school transcript.

As you are completing this application packet, please think about, in addition to your career goals, what your community means to you and how you hope to bring to it to make it an even better place to live. Include this information in your essay as well.

**Application Deadline: Completed application packet with all required materials must be postmarked by no later than the date specified on the website.**

**Mail completed application to:**

**CWBA**  
**3307 Evergreen Way, Suite 603**  
Washougal, WA. 98671

**SECTION 1 – GENERAL APPLICANT INFORMATION**

**Student's full name:** \_\_\_\_\_

**High school graduating from:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Father's name:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employed: Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Mother's name:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employed: Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Siblings names:** \_\_\_\_\_ **Ages:** \_\_\_\_\_ **Schools attended:** \_\_\_\_\_

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

**Please list your school and community activities that you are or have been a part of such as: sports, volunteer work, clubs, etc. (if you need additional space please write this on a separate piece of paper and include with your application)**

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

**Please list any personal references other than family members you would like along with their contact information:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 2 – COLLEGE, UNIVERSITY OR VOCATIONAL INFORMATION**

Which school do you plan to attend? \_\_\_\_\_

Have you received acceptance from this or other schools? \_\_\_\_\_

What are the annual costs expected to be?

Tuition: \_\_\_\_\_ Books: \_\_\_\_\_ : Room & board: \_\_\_\_\_

Have you applied for other scholarships or financial aid for the coming school year?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please elaborate: \_\_\_\_\_

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Have you been awarded other scholarships or other financial aid for this school year?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide more information: \_\_\_\_\_

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**SECTION 3 – SPECIFIC AREAS OF STUDY**

If you know, please tell us what areas of study you plan to pursue and your reasons?

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## SECTION 4 – CERTIFICATION

**I acknowledge that the decisions of the scholarship committee and this foundation are final that this is a competitive selection process.**

**I certify that all of the information I have provided in this application is complete and accurate to the best of my knowledge. I further understand that any intentional misrepresentation is cause for disqualification from the CWBA scholarship. I understand that the selection committee shall review this application, and, if asked, I agree to provide proof of the information I have included in this form.**

**I give my permission to the scholarship selection committee to contact my references as well as school officials for additional academic or character reference information.**

**If selected to be the recipient of this scholarship, I give my permission for a publicity release, that may include my name and photograph.**

**Applicant's signature: \_\_\_\_\_**

**Date: \_\_\_\_\_**

**Parent or guardian if applicant is a minor: \_\_\_\_\_**

**Date: \_\_\_\_\_**