

ARTHUR J. & ELIZABETH W. RITCH TRUST
SCHOLARSHIP APPLICATION

APPLICANT DATA

Mr.

Ms.

Name (last) (first) (middle initial) Social Security Number

Permanent Mailing Address: (street) (city) (state) (zip)

Date of Birth: _____
(month, day, year)

Phone: _____

Email: _____

Name of parent/guardian: _____

Phone: _____

Permanent mailing address of parent/
Guardian if different from applicant:

(street) (city) (state) (zip)

SCHOOL DATA

High School Attended: _____ Graduation Date (month, year) _____

Address: _____
(street) (city) (state) (zip) Telephone Number _____

Name of Washington State post-secondary school for which applicant's scholarship is requested:

Circle one: 4-yr. College/University
 2-yr. Community College
 Vo-Tech School

Accredited? Yes No

Address: _____
(street) (city) (state) (zip)

Student ID#: _____

Enrolled: half-time or more full-time

MERIT FACTORS

Describe extracurricular activities, community and volunteer clubs/activities, and work experiences (attached additional page if needed):

OTHER AWARDS

Please list below the name and amount of any grants or scholarships that you have been awarded for the coming school year:

Name of Award	Amount	Granted	Pending
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

College Bound Scholarship Program participant: circle Y or N