

**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: \_\_\_\_\_ Phone: \_\_\_\_\_  
(month, day, year)

Email: \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Permanent mailing address of parent/  
Guardian if different from applicant: \_\_\_\_\_  
(street) (city) (state) (zip)

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**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:  
\_\_\_\_\_  
Cycle 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

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**MERIT FACTORS**

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

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**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