

**WALTER K. WACHTER MEMORIAL SCHOLARSHIP  
FOR EVALINE STUDENTS**

**Application**

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Telephone: \_\_\_\_\_
4. Date of Birth: \_\_\_\_\_
5. Attended Evaline School: From \_\_\_\_\_ To \_\_\_\_\_
6. Graduate of \_\_\_\_\_ High School; Year: \_\_\_\_\_
7. G.P.A. High School \_\_\_\_\_ College \_\_\_\_\_ (Provide if available)
8. Include a copy of your high school or college transcript, if available.
9. Parents Father: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Mother: \_\_\_\_\_  
Occupation: \_\_\_\_\_
10. Names and ages of brothers and sisters:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Spouse Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_
12. What are your educational goals and how do you plan to attain them?
13. How do you plan to finance your education?
14. Tell us about yourself.
15. Attach at least one letter of recommendation.
16. Completed application must be in the hands of the selection committee by May 1.
17. Send completed applications to: Walter K. Wachter Scholarship  
670 Avery Rd, W  
Winlock WA 98596