

Washington
Contract
Loggers
Association

Incorporated

WCLA, Inc.
WCLA Credit Union

**Scholarship Application
for the 2025 school year**

Applicant's Name

WCLA Member Company Sponsoring Applicant

Relationship to WCLA member

Application Date

Applicant's Name: _____
(First) (Middle) (Last)

Address: _____
No. and street City State Zip

Telephone: Home () _____ Other () _____

Please give the full name, address and position of your recommenders:

Personal

Academic

1. Name: _____

1. Name: _____

Address: _____

Address: _____

Position: _____

Position: _____

Organization: _____

Organization: _____

Family Information

Father's name: _____

Mother's name: _____

Employer: _____

Employer: _____

Position: _____

Position: _____

Home address: _____

Home address: _____

Home telephone:() _____

Home telephone:() _____

If parents are not living, give name and address of guardian or nearest relative _____

Applicant's Name: _____
First Last

Educational Background

Please list all schools attended, including high schools, colleges, universities and vocational institutes. Also include those attended for summer sessions or evening classes.

Name and location	Attendance Dates from to	Major	Date of Diploma/Degree

Accumulated high school GPA: _____ (Include copy of transcript)

If applicable:

Accumulated college GPA: _____ (Include copy of transcript)

Indicate your past and current membership and offices held in organizations including high school, college and outside organizations.

Organization	Dates of Membership	Offices Held

List awards and honors you have received:

Organization or Grantor	Award or Honor

