(Please print or type)

TRUSTEES

John A. Gose

15350 SW Sequoia Parkway Suite 300 Portland OR 97224

Missy Gose Bechen Peter F. Bechen	Telephone: 503/603-5410 E-mail: <u>candyc@pactrust.com</u>
APPLICA	ATION DEADLINE FOR 2024 – 2025 ACADEMIC YEAR: April 30, 2024
BIOGRAPHICAL	INFORMATION
_egal Name	
Date of Birth	Place of Birth
_ast 4 Digits of So	ocial Security Number xxx-xxx
Home Address	
Геlephone Numb	er E-mail Address
QUALIFIED REC	Insert Passport Size Photo → IPIENTS FOR SCHOLARSHIP FUNDS
rom a high schoo accepted to atten	o qualify for a scholarship, the applicant must be an individual who has graduated in Walla Walla County, Washington and who is attending, or who has been d, a four-year undergraduate degree program at an accredited college or of the nine qualifying schools in Walla Walla County is included at the end of this
	Vhich college/university do you plan to attend? If more than one, list first two hoices:
2. V	Vhat will be your major area of study?
3. Father's o	occupation
Mother's	occupation_

(Please print or type)

Please attach a	budget showing your estimate	ated school expenses for o	one vear
	ur school expenses will you	·	-
-			
	e provided by your family?_		
Amount you are	requesting from the Founda	ation	
Other scholarsh	ips for which you have appl An	ied: nount	Amount
		equested	Received
•	ring high school, including s	, ,	
		ummer employment: Dates	Hours per
Work history dur		, ,	Hours per
Work history dur	community activities:	, ,	Hours per

(Please print or type)

Do y	ou plan to	participate in any of the above activities in college (please explain)?		
Pleas	se describ	e any hobbies, interests or passions		
——Appli	icant MUS	T furnish the following:		
1.	Brief bi	iography and statement of goals		
2.	Transc	anscript of high school record, PSAT and SAT scores		
3.	Essay	y on a subject of your choice not less than 500 nor more than 1,500 words		
4.	Recommendation letters from three non-related persons, including:			
	a.	High school principal, counselor or teacher who has known you personally for at least one entire school year (Name)		
	b.	Current or former employer or an adult who has known you and observed your skills for at least one year (Name)		
	C.	Person of your choice (Name)		
	Note:	Each recommendation letter must be sent directly to the Dr. H.A. Trippeer Charitable Foundation by the writer in a sealed, addressed envelope or via e-mail to CandyC@PacTrust.c		
5.	(This b	ed budget for your first year of college oudget will be helpful to us in making our decision and we will go through ou at the time of your interview.)		

(Please print or type)

G.	If any monetary amounts change (i.e., tuition, your contribution, your family's contribution, scholarship monies applied for or received) from the time of your application to the date of your interview, please come to the interview prepared to update those figures and revise your request for scholarship funds from the Foundation.		
Н.	Your completed application must be e-mailed or postmarked by April 30, 2024 to:		
	E-mail CandyC@PacTrust.com		
	Mailing Address Dr. H.A. Trippeer Charitable Foundation Attn: Candy Clardy 15350 SW Sequoia Parkway, Suite 300 Portland OR 97224		
	Note: Any portion of this application postmarked or e-mailed later than April 30, 2024 will not be considered.		
PLEA	SE KEEP A COPY OF YOUR COMPLETED APPLICATION FOR YOUR RECORDS		
By sig	gning below, the applicant agrees:		
1.	The information contained in this application is correct and honestly presented.		
2.	The decision of the Dr. H.A. Trippeer Charitable Foundation trustees is final and uncontestable.		
3.	Scholarship funds awarded will be paid directly to the recipient's college on a quarterly or semester basis and the recipient must provide the trustees with copies of his/her grades on a quarterly or semester basis.		
4.	Any scholarship funds awarded will be held for one full academic year. The award will be renewed at the sole discretion of the trustees if the recipient maintains an excellent academic record.		
0:	Date.		
Signa	ture of applicant Date		

The Dr. H.A. Trippeer Charitable Foundation considers all scholarship applications from graduating high school seniors who meet the outlined criteria, regardless of race, color, religion, sex or national origin.

(Please print or type)

All applications become the property of the Dr. H.A. Trippeer Charitable Foundation.

Qualifying schools in Walla Walla County, Washington:

College Place High School 1755 South College Avenue College Place WA 99324

Columbia High School P.O. Box 548 Burbank WA 99323

DeSales High School 919 E. Sumach Street Walla Walla WA 99362

Lincoln Alternative High School 421 S. Fourth Street Walla Walla WA 99362

Prescott High School P.O. Box 65 Prescott, WA 99348

Touchet High School P.O. Box 135 Touchet WA 99360

Waitsburg High School P.O Box 217 Waitsburg WA 99361

Walla Walla High School 800 Abbott Road Walla Walla WA 99362

Walla Walla Valley Academy 300 SW Academy Way College Place WA 99362