



## 2024 SCHOLARSHIP APPLICATION

Name of Student: \_\_\_\_\_

Name of EBPA Member Parent:

Address:

E-Mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

High School Graduate of: \_\_\_\_\_

Most Recent Cumulative Grade Point Average: \_\_\_\_\_ As of Date:

If currently employed, how many hours per week? \_\_\_\_\_

By submitting this application and supporting documentation I confirm that the information provided is accurate to the best of my knowledge.

Printed Name: \_\_\_\_\_

Signature: \_\_

Date:

*Forms submitted by e-mail will be interpreted as signed.  
Parent or student signature accepted.*

**Completed Applications must be POSTMARKED BY June 30, 2024**

Email to:

EBPA Scholarship Committee  
[info@ebpa.org](mailto:info@ebpa.org)

or Mail to:

EBPA Scholarship Committee  
1402 Lake Tapps Pkwy SE, Ste. F104-133  
Auburn, WA 98092