

West Salem Business Association Scholarship Application

Please return to: WSBA ◆ PO Box 5021 ◆ Salem, OR 97304 Application must be postmarked by May 29, 2024

Applicants must reside in the 97304 zip code and graduate this year. Applications will be rated on the content and neatness of information submitted.

Student Name:			
La	st	First	Middle Initial
Birthdate:		Phone:	
Street Address(Per	manent Residence):		
City	State	Zip	County
Parent or Guardian	's Name:		
Address (If differen	t than permanent address):		
Home Phone	Worl	k Phone	Msg Phone
knowledge. If requ Scholarship Selection	ested, I agree to give proof of	d on this application is true and the information on this applica mation provided on this form, a ssion for a publicity release.	ation. I understand the
Signature of Applica	ant		Date
Signature of Parent	or Guardian		Date
Are you a graduatir	ng high school senior?	Yes	No
High School you wi	ll be graduating from: Name		
City	State	Zip	County
			WSBA Use
			Code:

Anticipated college graduation date: Month: Year: What degree do you expect to earn? Anticipated fields of study: Major: Minor: Name and location of college, university, or vocational school you plan to attend?				
Name Ci	ity State			
Indicate the academic periods you plan to attend: Full Time: Part Time:				
Fall Term Winter Term Spring Term	Summer Term			
High School GPA SAT Verbal SAT Math (If SAT or ACT scores are unavailable, please				
Attach Additional Sheets As Necessary				
I. Please list your most significant high school awards and activities placement (AP) classes (please include dates).	es, include any college prep or advance			
II. List community involvement and activities (away from school) past four years (Please give dates). Explain the value you see in b				

III. List your work experience during the past four years. Please include dates and a brief description of duties.
IV. What are your short and long range career, and personal goals? Please give dates at which you hope to achieve your goals.
V. Describe what you have done to prepare yourself for your future. Please state any special circumstances you may wish to share with the Scholarship Committee.
VI. Describe your plans to assist with the cost of your college education, please include any scholarships you've been awarded.
Transcripts: Enclose a seventh semester high school transcript showing grade point average and aptitude test scores. (This is not a substitute for the information on your application. All blanks on the application must be complete.)