

Section I

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

Home Address: \_\_\_\_\_

Current Employer/School: \_\_\_\_\_

Position/Year in School: \_\_\_\_\_

Work/School Address: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work/School Phone # \_\_\_\_\_

Section II

Please be sure to place your name at the top of the page. Use only one sheet of paper to answer the following questions:

1. What benefits do you feel you would receive if awarded this scholarship?
2. How will this scholarship further your educational and professional goals?
3. Describe your involvement with and contributions to WSASC, WRPA, your community and/or school.
4. If awarded a partial scholarship, would you be able to cover the difference of the conference fees?

Section III

In addition to this application please provide a current resume and/or transcript and any additional supporting information that demonstrates your contributions to WSASC, WRPA, your community and/or school.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return application to:**

WSASC  
Attn: Vince Guerrero  
Pasco Senior Center  
1315 N. 7th Ave.  
Pasco, WA 99301