



## 2023 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, 2023**

Email to:

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

or Mail to:

EBPA Scholarship Committee  
19540 International Blvd. Ste. 105  
SeaTac, WA 98188