



BLUE MOUNTAIN
COMMUNITY
FOUNDATION

P.O. Box 603
Walla Walla, WA 99362
Phone: (509) 529-4371

www.bluemountainfoundation.org

APPLICATION FOR GRADUATE STUDY SCHOLARSHIP

Submission Deadline: March 1, 2012

Enclose or have sent to Blue Mountain Community Foundation the following:

1. Transcript from high school
2. Transcripts from all colleges attended
3. Copy of IRS 1040 for 2011. If not available, you may send your 2010 IRS 1040.
4. Two letters of recommendation: one professional (job-related or academic); one personal (non-relative)

Name: _____ Date of Birth: _____

Social Security No.: _____ E-mail Address: _____

Mailing Address: _____
Street or P.O. Box City State Zip

Phone: Home _____ Cell _____

Graduate of: _____ High School G.P.A. _____

Graduate of: _____ College/University G.P.A. _____

Type of Graduate degree sought: _____

Any other Graduate degree? If so, what: _____

What Graduate programs have accepted you: _____

Employer (if applicable): _____

Employer's Address: _____

Is Employer providing any financial assistance? _____ If yes, amount: _____

Marital Status: _____ Number of Children: _____

What other fellowships/grants have you received or do you expect to receive: _____

Why are you seeking a Graduate degree: _____

Briefly outline your future plans following achievement of your Graduate degree: _____

On a separate sheet, please describe the amount of time necessary to complete your Graduate work. Will study be full-time or part-time? Please discuss projected budget for that period. Describe financial needs (books, tuition and cost of living). **PLEASE LIMIT YOUR REMARKS TO ONE PAGE, which must be typewritten. Hand written statements will not be accepted.**

REQUIRED SIGNATURE

Signature of Applicant (must be signed to be considered)

Date

PLEASE CAREFULLY REVIEW YOUR APPLICATION. THE APPLICATION MUST BE SIGNED TO BE CONSIDERED AND ALL REQUESTED INFORMATION MUST BE COMPLETE. ALSO, REVIEW THE APPLICATION TO MAKE SURE THE REQUIRED ENCLOSURES ARE INCLUDED.

ETHNIC IDENTITY (OPTIONAL)

Please indicate your ethnic identity by checking one of the following. (Note: To understand the diversity of scholarships applicants, BMCF seeks to identify ethnic background. You are encouraged to supply this information, but may decline without in any way prejudicing your application.)

- | | |
|-----------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> White, Caucasian | <input type="checkbox"/> African American, African, Black |
| <input type="checkbox"/> Asian, Asian American | <input type="checkbox"/> Native American, Alaskan Native |
| <input type="checkbox"/> Pacific Islander/Native Hawaiian | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Hispanic, Latino | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Mexican American, Chicano | <input type="checkbox"/> Decline to Respond |