

# MERLE S. & EMMA J. WEST SCHOLARSHIP FUND

West Scholarship Committee  
c/o U.S. Bank  
PO Box 3168, Portland, OR 97208  
541.883.3857  
www.merlewestscholarship.com

## *Scholarship Renewal Application*

This form is to be used ONLY by applicants who have attended school with the assistance of a West Scholarship Grant during the immediately preceding academic year. Completed application must be **uploaded** at www.merlewestscholarship.com according to on-line instructions or **mailed** to the above address and postmarked no later than April 1. Should April 1 fall on a weekend or holiday, application must be uploaded or mailed no later than the first business day following. INCOMPLETE APPLICATIONS WILL NOT BE GIVEN CONSIDERATION.

IMPORTANT: To ensure your information is successfully recieved, **please use only Adobe Reader to complete the application form below.**

I hereby make application for a scholarship grant of \$ \_\_\_\_\_ to be applied against my educational expenses during my \_\_\_\_\_ year at \_\_\_\_\_ in \_\_\_\_\_.

So.      Jr.      Sr.                      Name of Institution                      State

I expect to graduate in \_\_\_\_\_ with a degree in \_\_\_\_\_. My intended vocation or profession is \_\_\_\_\_.

I am recieving Oregon Promise funding:  Yes     No

### PERSONAL INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last                      First                      Middle

Home Address \_\_\_\_\_ U.S. Citizen or Hold Permanent Resident Card?  
 Yes     No

\_\_\_\_\_ Marital Status \_\_\_\_\_  
City                      State                      Zip

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Dependents \_\_\_\_\_  
Number                      Ages

Email Address \_\_\_\_\_

### EMPLOYMENT HISTORY

Present/Past Employer \_\_\_\_\_

Address	Business Phone	Type of Work	Dates (Mo. Yr.)
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Present/Past Employer \_\_\_\_\_

Address	Business Phone	Type of Work	Dates (Mo. Yr.)
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Present/Past Employer \_\_\_\_\_

Address	Business Phone	Type of Work	Dates (Mo. Yr.)
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**ACADEMIC INFORMATION**

List all previously earned college or university degrees

School	Location	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List School, Business, Civic, U.S. Military organizations, etc. in which you are a member and your role in the organization  
 (Add a sheet if necessary. If applying on-line, create an additional separate PDF page if necessary and follow instructions for upload)

Name of Organization	Your Role in It	Frequency and Duration
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**FINANCIAL INFORMATION**

Complete your estimated budget for the upcoming school year. Please take particular care in providing your school budget, as it enters very strongly in the determination of your need for financial assistance.

- The RECEIPT and EXPENSE columns MUST BALANCE.                       Include ONLY budget items which pertain to your DIRECT college expenses.

Estimated Budget From \_\_\_\_\_ Month \_\_\_\_\_ Year To \_\_\_\_\_ Month \_\_\_\_\_ Year

RECEIPTS		EXPENSES	
Available savings	\$ _____	Tuition	\$ _____
Anticipated summer job income	\$ _____	Estimated fees	\$ _____
Anticipated income during school year	\$ _____	Books	\$ _____
From parents, guardians, relatives	\$ _____	Board	\$ _____
Scholarship grants received	\$ _____	Room	\$ _____
<b>(list on back page)</b>		Other education expenses (specify)	
Spouse's income, if applicable	\$ _____	_____	\$ _____
LOANS: Actual	\$ _____	_____	\$ _____
Proposed	\$ _____	_____	\$ _____
Other income (trusts, insurance, etc.)	\$ _____	_____	\$ _____
<b>(include list of sources)</b>		_____	\$ _____
Scholarship gift requested	\$ _____		
<b>TOTAL</b>	<b>\$ _____</b>	<b>TOTAL</b>	<b>\$ _____</b>

If Employed During The School Year: Not Employed \_\_\_ Full Time \_\_\_ Part Time \_\_\_ Approximate Hours per Week: \_\_\_ Hours

**ADDITIONAL INFORMATION**

**Please provide an update on the previous academic year and plans for the upcoming academic year.**  
(Add a sheet if necessary. If applying on-line, create an additional separate PDF page if necessary and follow instructions for upload)

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- 1) You must obtain your OFFICIAL college transcript, including your most recently completed term, prior to April 1st. Please attach the official transcript(s) to your application.\*\*
- 2) You may attach any further records, citations, honors, or other documents which you feel may augment your application.\*\*

\*\*If applying online, create a combined PDF document for each category (1 and 2) and follow instructions for upload.

**CERTIFICATION**

**I hereby certify that I will use the proceeds of this scholarship award, if granted to me, only for the expenses incurred in securing an education at an accredited educational institution. I further certify that I have carefully read the questions asked in this scholarship application and certify that my answers are true and correct. I hereby authorize the U.S. Bank Charitable Services Group and the West Scholarship Committee to obtain a current transcript of my grades at any future time.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Scholarship Applicant

I have  OR have not  been convicted of a violation of the law (other than minor traffic citations or similar).

\_\_\_\_\_  
Scholarship Applicant