



Drew Douglass Memorial Scholarship

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Education

High School: _____ Address: _____

References

Please list two references.

Full Name: _____ Relationship: _____
Job Title: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Job Title: _____ Phone: _____
Address: _____

Misc.

Applicants please turn in this application along with your essay and 2 letters of recommendation to your Counseling Center by April 19th.

Counseling Center: Call when applications are ready to be picked up 360-581-0296 Jennie Douglass or mail to : DREW NORTH FOUNDATION 356 Tauscher Rd Onalaska, WA 98570