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 March 31st.

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**