



# 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.**

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**