



2022 SCHOLARSHIP APPLICATION

Name of Student: _____

Name of EBPA Member Parent: _____

Address: _____

E-Mail Address: _____

Home Phone: _____ Mobile Phone: _____

High School Graduate of: _____

Most Recent Cumulative Grade Point Average: _____ As of Date: _____

If currently employed, how many hours per week? _____

By submitting this application and supporting documentation I confirm that the information provided is accurate to the best of my knowledge.

Printed Name: _____

Signature: _____

Date: _____

*Forms submitted by e-mail will be interpreted as signed.
Parent or student signature accepted.*

Completed Applications must be POSTMARKED BY June 30, 2022

Email to: EBPA Scholarship Committee
info@ebpa.org

or Mail to: EBPA Scholarship Committee
19540 International Blvd. Ste. 105
SeaTac, WA 98188