

**Washington  
Contract  
Loggers  
Association**  

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**Incorporated**

**WCLA Insurance Agency, Inc.  
WCLA Credit Union  
Scholarship Application**

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Applicant's Name

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WCLA Member Company Affiliation

For Academic Year \_\_\_\_\_

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Application Date

**Washington Contract Loggers Association, Inc.**  
2421 Pacific Ave./P.O. Box 2168, Olympia, WA 98507-2168  
**(800) 422-0074**

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address for decision: \_\_\_\_\_  
No. and street City State Zip

Telephone: Home ( ) \_\_\_\_\_ Other ( ) \_\_\_\_\_

Parent's Address: \_\_\_\_\_  
No. and street City State Zip

Telephone: Home ( ) \_\_\_\_\_ Other ( ) \_\_\_\_\_

Please give the full name, address and position of your recommenders:

**Personal**

**Academic**

1. Name: \_\_\_\_\_

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Position: \_\_\_\_\_

Position: \_\_\_\_\_

Organization: \_\_\_\_\_

Organization: \_\_\_\_\_

2. Name: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Position: \_\_\_\_\_

Position: \_\_\_\_\_

Organization: \_\_\_\_\_

Organization: \_\_\_\_\_

**Personal Information**

Date of birth \_\_\_\_\_

Place of birth \_\_\_\_\_

**Family Information**

Father's name: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Business or firm: \_\_\_\_\_  
\_\_\_\_\_

Business or firm: \_\_\_\_\_  
\_\_\_\_\_

Position: \_\_\_\_\_

Position: \_\_\_\_\_

Home address: \_\_\_\_\_  
\_\_\_\_\_

Home address: \_\_\_\_\_  
\_\_\_\_\_

Home telephone: \_\_\_\_\_

Home telephone: \_\_\_\_\_

If parents are not living, give name and address of guardian or nearest relative \_\_\_\_\_  
\_\_\_\_\_

How many brothers and sisters are living at home? \_\_\_\_\_



