## **Pacific Forest Foundation**

PO Box 232 | Battle Ground, WA 98686 Ph. 503.383.6474 | Fax. 1.866.360.2655 www.PacificForestFoundation.org

## PLEASE COMPLETE THIS FORM IN BLACK INK OR TYPE PROVIDE AT LEAST TWO LETTERS OF RECOMMENDATION OR REFERENCES

## ALL ITEMS MUST BE COMPLETED

APPLICATION FOR STUDENT AID AND APPLICABLE TUITION FEES, BOOKS AND SUPPLIES

|     | College or School for                      | which anni  | ication is intended    |                |    |
|-----|--|-------------|------------------------|----------------|----|
|     | Conlege of School for                      | willen appi |                        |                |    |
|     | Field o                                    | f Study (Ma | ior)                   |                |    |
|     |  | , ,         | <b>,</b>               |                |    |
| 1.  | Applicant's Name                           |             |                        | SexM           | F  |
|     | Last Fi                                    | rst         | Middle                 |                |    |
| 2.  | AgeBirth date                              | Stud        | lent ID Number         |                |    |
|     | Month Day                                  | / Ye        | ar                     |                |    |
| 3.  | Complete mailing address                   |             |                        |                |    |
|     | Please provide Email Address               |             |                        |                |    |
| 4.  |  | 5.          |                        |                |    |
|     | Parents Name                               | ī           | Parents Occupation     |                |    |
| 6.  | Applicant's Marital Status: Married ☐ Sing | le 🗆 Divo   | rced   Separated       |                |    |
| 7.  | Number of dependents                       |             |                        |                |    |
|     | Home Phone Number                          | -           | 9 Snouse's Name        |                |    |
|     |  |             |                        |                |    |
|     | . High School                              |             |                        |                |    |
| 11. | . Previous Colleges attended               |             |                        |                |    |
|     | ·  |             | _College Accum. GP/    | Α              |    |
| 12. | . Dates Attended13.                        | Are you a   | ırrently reœiving fina | ındal aid? Yes | No |
|     | If yes, explain                            |             |                        |                |    |
|     | 300, oxplain                               |             |                        |                |    |
| 14  | . Resident of what State or Province:      |             |                        |                |    |
|     |  |             |                        |                |    |
| 15. | . What county are you a citizen of?        |             |                        |                |    |

| 16. | Applicant's anticipated college budget for the t   | term(s) listed: (check appropriate term | ıs)                        |
|-----|--|---|----------------------------|
|     | Fall TermWinter Term   | Spring Term Summer Term                 | ı                          |
|     | In filling out the budget below you will need to estimate expenses for the period(s) checked a expenses and multiply these by three for each | above. As a guide you can use month     | ou should<br>ly income and |
|     | Income   | Amount                                  |                            |
|     | Personal Savings through current year  |   |                            |
|     | Expected summer savings  |   |                            |
|     | Income of spouse (net)   |   |                            |
|     | Net earnings during academic period  |   |                            |
|     | Scholarships, grants, etc.   |   |                            |
|     | Loans  |   |                            |
|     | Gifts  |   |                            |
|     | Parental Support   |   |                            |
| _   | Other (specify)  |   |                            |
|     | Subtotal   |   |                            |
|     | Amount needed to balance   |   |                            |

Total

16. Applicants anticipated college budget (continued)

| Expenses                            | Amount |
|-------------------------------------|--------|
| Tuition and fees                    |        |
| Books & Supplies                    |        |
| Living Expense                      |        |
| a. Rent                             |        |
| b. Food                             |        |
| c. Utilities                        |        |
| Personal Expense                    |        |
| a. Clothing                         |        |
| b. Insurance                        |        |
| c. Medical                          |        |
| d. Dental                           |        |
| e. Recreation                       |        |
| f. Personal<br>Supplies             |        |
| Payments on accounts                |        |
| Other (specify i.e. transportation) |        |
| TOTAL                               |        |

17. Present Indebtedness: Itemize carefully, including all loans and debts over \$100.00. Attach an additional page if necessary.

| AMOUNT | CREDITOR | ADDRESS | CONTRACT<br>DATE | DUE DATE | PAYMENT | PURPOSE |
|--------|----------|---------|------------------|----------|---------|---------|
|        |          |         |                  |          |         |         |
|        |          |         |                  |          |         |         |
|        |          |         |                  |          |         |         |
|        |          |         |                  |          |         |         |
|        |          |         |                  |          |         |         |

| 18. While atte<br>not a hom |  | do you plan to li | ive at home?      | On campu         | s?Off ca        | mpusbut |
|-----------------------------|--|-------------------|-------------------|------------------|-----------------|---------|
|                             | <ol> <li>Describe briefly below any other information that would be helpful in assessing your financial<br/>need. Endose additional pages if necessary.</li> </ol> |                   |                   |                  |                 |         |
|                             |  |                   |                   |                  |                 |         |
| <u> </u>                    |  |                   |                   |                  |                 |         |
| 20. Attach two              | o references, pre  | eferably from p   | reviousemploye    | rs. (Number of   | pages attached  | i)      |
| 21. Please ev               | valuate vourself   | on each of the    | following factors | from 1 to 5 (1 l | ow and 5 high). |         |

| FACTOR |   | ACTUAL ACHIEVEMENT<br>LEVEL |  |
|--------|---|-----------------------------|--|
| Α.     | Judgement and common Sense:<br>Ability to reach sound decisions, to handle unusual situations,<br>foresight and fair-minded.  |                             |  |
| B.     | Cooperative and quality of relationships Ability to get along with people in various capacities, willingness, and loyalty.  |                             |  |
| C.     | Internal motivations The self generated spark from within which ignites actions, creates and maintains momentum leading to the accomplishment of the desired result and inspires others |                             |  |
| D.     | Technical knowledge The aptitude to increase technical capacity and become competent in your field of specialization  |                             |  |
| E.     | Accountability Willingness and ability to report where one stands, admitting mistakes ("bad news") as well as achievements ("good news")  |                             |  |
| F.     | Use of time Punctuality. Planning work time to gain maximum production  |                             |  |

|             | Fax:  | 1.866.360.2655   |
|-------------|---|--|
| Co          | mpleted application   | Pacific Forest Foundation Attn: Scholarship Committee PO Box 232 Battle Ground, WA 98686   |
| •           |   |  |
|             | Signature of Application  | Date   |
| <b>24</b> . | <ol> <li>I will be afull tim</li> <li>This assistance if grads</li> <li>I promise to promptly have submitted as promptly</li> </ol> | epart time student as established by the college. anted will be used only to pay cost of education. yinform the Financial Aid office of any significant changes in the information art of this application. tained in the application is true and correct to the best of my knowledge. |
| 21          | I hereby certify that:  |  |
|             |   |  |
|             |   |  |
|             |   |  |
|             |   |  |
|             |   |  |
|             |   |  |
|             |   |  |
|             |   |  |
|             |   |  |
| 23.         |   | stating your intent for the scholarship, induding aims, goals, and why you receive the scholarship.  |
|             |   |  |
|             |   |  |
|             |   |  |
|             |   |  |
|             |   | two letters of recommendation or reference.  |

**Email:** Michelle@PacificLoggingCongress.com