

All HBA members, their employees, their children and grandchildren who will be enrolled in a post-secondary educational program next fall are eligible to apply. We will award two \$1,000 scholarships.  
Deadline for application is May 31, 2019.



**Home Builders Association of Tri-Cities**  
10001 W. Clearwater Ave.  
Kennewick, WA 99336  
Phone (509) 735-2745 • Fax (509) 735-8470

## 2019 SCHOLARSHIP APPLICATION

### GENERAL INFORMATION

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

By which Home Builders Association of Tri-Cities company are you, your parent, or grandparents employed?

Company \_\_\_\_\_ Employee \_\_\_\_\_ Relationship \_\_\_\_\_

Which area of study do you plan to pursue? \_\_\_\_\_ Construction related? \_\_\_\_\_

Where will you attend school in fall 2019? \_\_\_\_\_

### ACADEMIC INFORMATION – Must be planning to enroll in post-secondary education institution in fall 2019.

High School Name: \_\_\_\_\_

Year Graduated: \_\_\_\_\_ GPA: \_\_\_\_\_ (enclose copy of transcripts)

Post-Secondary Institution(s): \_\_\_\_\_

Number of Credits Taken at Present Time: \_\_\_\_\_ GPA: \_\_\_\_\_ (enclose copy of transcripts)

### SERVICE & ACTIVITIES INFORMATION

Please list organizations of which you are a current member, indicating any leadership positions held:

\_\_\_\_\_  
\_\_\_\_\_

Please list any extracurricular activities (including school related activities, hobbies, and volunteer work) which do not appear above. This may include past activities, but please specify the date:

\_\_\_\_\_  
\_\_\_\_\_

Special Honors and Awards (include dates):

\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY**

Please list your employment history, if any, including employer, address, dates, and primary responsibilities:

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**WRITTEN ESSAY**

In 250 words or less please tell us why you should be selected for this scholarship and how you plan to use your education in the future.

**LETTER OF RECOMMENDATION**

Please attach a letter of recommendation from a teacher, school official or employer.

My signature below indicates that the above information is true and correct to the best of my knowledge. It authorizes release of this information to the Scholarship Committee of the HBA of Tri-Cities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send the completed application along with transcripts, your essay, and letter(s) of recommendation to:

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Kennewick, WA 99336  
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