

# CHARLIE BEAR TRUST FOUNDATION

## Educational Scholarship

P.O. Box 295, Chelan, WA 98816

Thank you for your interest in the Charlie Bear Scholarship Fund, which is administered by the Charlie Bear Trust Foundation. Scholarships are awarded on a "funds available" policy for education in, preferably, alternative health care field. Continuing education workshops, seminars, programs and special courses are also considered.

The following conditions must be met to receive CBTF Educational Scholarship funds:

1. Candidates must be a permanent resident in Washington State, living east of the Pacific Crest Trail, at the time of application. If an applicant is attending college out of the geographical area and his last permanent residence prior to entering school was in the described geographical area, then he or she can be eligible.
2. Any former employee of Bear Foods (Golden Florins) shall receive preferential consideration, however, a stronger candidate who did not work for the business, but more clearly needs an/or deserves the scholarship may over ride this.
3. Those candidates pursuing education in the above fields.
4. Finally, highly qualified candidates, who wish to pursue a non-health care related education, may be considered.

**USE OF FUNDS:** Funds are ordinarily awarded for tuition. Funds for books, supplies, tools of the trade, or other purposes, can be specified by the Trustees.

The Trustees will screen and review all applications and make selections. They reserve the right to reject any or all applications based on qualifications, and availability of funds. Upon selection, the Trustees will issue a check to the school, instructor or store unless other arrangements are made. Applicants may re-apply for scholarships.

Announcement of scholarships awarded will be made public after the Trustees have notified the recipient in writing.

*Please use the checklist to assure your application is complete before being submitted to the Trustees.*

NAME \_\_\_\_\_

DATE \_\_\_\_\_

- \_\_\_ 1. Application Complete
- \_\_\_ 2. Applicant is/was working or living east of the Pacific Crest Trail.
- \_\_\_ 3. BEAR FOODS Employee, former employee or child of either.
- \_\_\_ 4. Description of course/class, certification, school and cost .
- \_\_\_ 5. Letters of recommendation dated and signed.

Received by \_\_\_\_\_ Date \_\_\_\_\_

**EDUCATIONAL SCHOLARSHIP APPLICATION**

NAME \_\_\_\_\_ SS# \_\_\_\_\_  
ADDRESS \_\_\_\_\_ APT NO \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ LENGTH OF RESIDENCE IN EAST WASHINGTON \_\_\_\_\_  
COURSE OR PROGRAM YOU PLAN TO TAKE (No Acronyms) \_\_\_\_\_

ADMINISTERED BY: (Name & Address) \_\_\_\_\_

DATE(S) OF COURSE/PROGRAM \_\_\_\_\_

**TRAINING/COURSE EXPENSES:**

REGISTRATION/TUITION FOR SCHOOL, COURSE OR PROGRAM \_\_\_\_\_  
COST OF: LAB FEES \$ \_\_\_\_\_ BOOKS \$ \_\_\_\_\_ OTHER \$ \_\_\_\_\_  
TRANSPORTATION \_\_\_\_\_  
OTHER (Describe) \_\_\_\_\_

OTHER SCHOLARSHIPS OR FUNDS AWARDED \_\_\_\_\_

**EDUCATIONAL BACKGROUND:**

<u>School</u>	<u>Location</u>	<u>Dates</u>	<u>Field of Study/Degree</u>	<u>GPA</u>
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**EMPLOYMENT HISTORY:**

<u>Employer</u>	<u>Address</u>	<u>Responsibilities</u>	<u>Dates</u>
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**CURRENT EMPLOYER**

FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_ CONTRACT \_\_\_\_\_

Does your employer require this course? Yes \_\_\_\_\_ No \_\_\_\_\_  
Is this course required for certification in your current job or profession? Yes \_\_\_\_\_ No \_\_\_\_\_



# Confidential Statement of Recommendation

Applicant Name \_\_\_\_\_

List all scholarships or project funding you are applying for

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

.....  
**Below to be completed by Applicant's References**

Name and occupation \_\_\_\_\_

How long have you known the applicant?

\_\_\_\_\_ Relation \_\_\_\_\_

In what capacity? \_\_\_\_\_

**Please comment on the following regarding the applicant:**

Goals in relation to aptitude.

General cooperation and concern for others.

Probability of success (completing studies and using them for a career).

Probability of applicant remaining in the community after completion of studies.

Applicant financial need, if known.

Additional information that would qualify this student for a scholarship. (Use the back of form.)

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

**Mail to:** Charlie Bear Trust Foundation, P.O. Box 295, Chelan, WA 98816

**BY** \_\_\_\_\_