



**Call for Applications  
for  
Babcock Services Inc. Scholarships**

The purpose of the Babcock Services Inc. (BSI) Scholarship is to honor and provide financial support to deserving children and dependents of BSI employees for continuing education.

The criteria for application include the following:

- The employees must have at least two (2) years of service with BSI.
- The student must be a current high school senior or currently attending an accredited 2- or 4-year community college, technical school, or public or private university.
- The student must have earned a cumulative 2.5 GPA during high school. (Renewable scholarships must maintain a minimum 2.5 GPA during all quarters or semesters at the community college, school, or university where they are enrolled.) For renewals, if the transcript submitted reflects a cumulative GPA of 2.5-2.9, we may ask for spring transcripts as well.
- The student must be a child or dependent of an employee of Babcock Services Inc. at the time of the award.

**Three Rivers Community Foundation  
Babcock Services Inc. Scholarship**

To apply, please provide the following:

**Application Form (Attached).**

**Essay.** Write a brief essay (up to 250 words) telling us about yourself, your educational achievements and your future career goals. Discuss the challenges you foresee and how you plan to accomplish your goals.

**References.** Please include two reference letters with your application. These letters should be from people who know you through your academic or employment experience or your community leadership and participation. Please do not include relatives as references.

**Transcript.** Your full transcript from the school you are currently attending must be stamped with an official seal and can be enclosed with your application or mailed directly to the Three Rivers Community Foundation.

**Deadline:** The completed application, plus letters of reference and school transcripts, must be postmarked by **April 30, 2018**. Materials postmarked after this date will not be considered. Send the fully completed application to:

Babcock Services Inc. Scholarship  
Three Rivers Community Foundation  
1333 Columbia Park Trail, #310  
Richland, WA 99352

**Verification.** I affirm that the information included with my application is true and accurate in all respects and that I intend to pursue a degree in higher education. I understand that if selected, the awarding of funds is contingent upon my full-time enrollment in an accredited institution, and that the funds will be paid directly to the institution and used toward the cost of my education.

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Signature

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Date

**Three Rivers Community Foundation  
Babcock Services Inc. Scholarship**

**Application Form**

(You may use additional pages if necessary)

Name of Applicant \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

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

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

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Citizen of the United States: Yes \_\_\_\_\_ No \_\_\_\_\_ (If No, Resident Status): \_\_\_\_\_

Current School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

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

Where are you planning to use your scholarship? Have you decided on a major? Please include a copy of your acceptance letter if you have already applied and have received your confirmation.

\_\_\_\_\_

Please describe your leadership roles and community involvement:

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

Please describe your high school or college accomplishments:

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

Please describe your work experience:

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### Personal Information

Father/Male Guardian

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

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

\_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ # of Years \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mother/Female Guardian

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

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

\_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ # of Years \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature