

**Washington Association of Marketing Educators  
Scholarship Application**

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

**School:** \_\_\_\_\_

**District:** \_\_\_\_\_

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

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

**Phone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**1. How are you planning to use the scholarship?**

**2. How will the scholarship donation directly affect your classroom?**

**3. What is the value to WAME in having you receive the scholarship?**