

# Herman Oscar Schumacher Scholarship Fund for Men

## Eligibility Requirements:

**Successful applicants shall receive scholarship awards of \$5,000 per student.** Applicants must meet the eligibility requirements each year they are applying for the scholarship.

- Resident of Spokane County
- Worthy young men – preference given to orphans and the financially needy
- Completion of at least one year at an accredited college
- Christian, loyal to principles of democracy, and support of the Constitution of the United States
- Not sympathetic to Socialism or the teachings or principals of Communism

## Administration Procedures:

*Applicants to be approved by a four-member committee consisting of the following:*

- Commander, American Legion Post No. 9
- Chair, Board of Trustees, Eastern Washington University
- Chair, Board of Trustees, Whitworth College
- Chair, Board of Regents, Gonzaga University

**Deadline for postmarked applications and supporting information is October 31, 2021.** Please have your college or university send a copy of your official transcript showing cumulative GPA. In addition, you will also need proof of present enrollment. Please have these two supporting documents sent directly to the address listed below.

**APPLICATIONS MUST BE POSTMARKED OR RECEIVED BY WASHINGTON TRUST BANK NO LATER THAN October 31 OF THE CURRENT SCHOOL YEAR.**

*Please Note: Incomplete applications will be rejected.*

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Last 4 Digits S.S. # \_\_\_\_\_

Full Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone Number/s: \_\_\_\_\_ College Name: \_\_\_\_\_

Cum. GPA (4.0 scale): \_\_\_\_\_ # Years of College Completed: \_\_\_\_\_ Spokane County Resident?  yes;  no

Previous Recipient of Herman Oscar Schumacher Scholarship?  yes;  no; If yes, when? \_\_\_\_\_

Have you applied for a student loan or financial aid?  yes;  no; Are you an orphan?  yes;  no

Describe your financial needs:

---

---

---

Parent's/Guardian's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*I hereby submit my application for a scholarship award. I am or will be a full-time student, as defined by the Office of the Registrar at the college or university named on this application. I shall present verification of my enrollment. I have read and understand the eligibility requirements of the Herman Oscar Schumacher Scholarship Fund, and hereby state that I qualify as an applicant.*

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

**Return Application to:**

**Washington Trust Bank / Wealth Management and Advisory Services**

**Attn: Herman Oscar Schumacher Scholarship Fund**

**P.O. Box 2127**

**Spokane, WA 99210-2127**

Revised: 08/01/2021