

Willamette Agate and Mineral Society
Jon and Lucille Sams Memorial Scholarship Application Form

Name: _____

Parents/Guardians Name; _____

Address: _____

Phone: _____

Date of Birth: _____

School: _____

Please give a brief description of the activity or class for the scholarship request.

Sponsor of event/class _____ Contact/phone _____

Date(s) of Event _____ Cost of event _____ Amount requested. _____

What do you expect to learn?

Why should we award this to you?

Describe prior WAMS activities:

I agree that if I am awarded this scholarship the funds will only be used for the purpose requested, and I will report back to the club regarding my experience at a club meeting.

Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

Attach additional sheets as appropriate, including literature regarding the program.

=====
Committee use only _____ Approved _____ Disapproved _____ Amount awarded \$ _____

Reason: _____