

SRPC Scholarship Application

2026-2027 Academic Year

APPLICATION

Legibility will be considered in the review process. All spaces of this application must be completed and this form must be used for the application. Where needed please enter N/A if not applicable.

Note: Complete this form electronically, print it and return with transcripts and signed employment verification form.

PERSONAL

First Name Middle Initial Last Name

Permanent Address

City State Zip

E-Mail Address

Telephone Number (With Area Code)

☐ Cell ☐ Home ☐ Work

Relationship to Spokane Regional Plan Center member firm (Please complete Employment Verification form and attach.)

Company Name

Relationship (Check all that apply)

☐ Employee ☐ Child ☐ Legal ward ☐ Spouse of Employee

Employee Name

EMPLOYMENT/INTERNSHIP

Beginning with most recent, list full-time, summer and part-time employment and internships, paid and unpaid. Briefly explain duties and responsibilities.

Company Name ☐ Full time ☐ Part time

Business Type

From To Hours Per Week

Duties and Responsibilities

Supervisor Position Phone Number

Company Name ☐ Full time ☐ Part time

Business Type

From To Hours Per Week

Duties and Responsibilities

Supervisor Position Phone Number

ACADEMIC

Beginning with the most recent, list all educational institutions you have attended or are currently attending, together with your major.

High School

High School

High School Graduation or Anticipated Graduation Date

GPA

College/University/Apprenticeship Program

End Date/Anticipated Graduation Date

GPA

Major

Degree

Do you plan on coming back to the area?

☐ YES

☐ NO

Comments

EXTRACURRICULAR ACTIVITIES / Community Service

In the section below, enter the names(s) of the activity(ies), interscholastic team(s), outside club(s) or organizations in which you have participated. Indicate your participation and any position(s) held. Please quantify the time commitment (number of hours) you expended on each activity. If applicable, list leadership roles.

Organization/Activity

City

State

Hours per week

Participation and
position(s) held
(if applicable)

Organization/Activity

City

State

Hours per week

Participation and
position(s) held
(if applicable)

ESSAY QUESTION

Limit your answer to 1750 characters or less. Please answer the question to the best of your ability.

1. Briefly tell us, what do you see in your future?

If you feel the Scholarship Committee should consider supplementary information not already disclosed on this application please attach additional document(s) for Committee should consideration when evaluating your application.

I attest that the information contained in this application is true and accurate. I agree that this application and supporting documents may be used for the purpose of evaluation and selection for the SRPC Scholarship. I agree to provide my social security number to the Spokane Regional Plan Center if I am chosen to receive the scholarship. I give permission for SRPC to use my name and possibly photo in future scholarship advertising if I am selected to receive this scholarship.

Signed By _____

Date/Time Field

The application must include all of the following: completed application form, employment verification form, optional letters of recommendation, all post-secondary transcripts (include high school if less than one year of college) unofficial accepted, quarterly grade sheets not accepted. Please include these items when you submit your scholarship application. If they are not included in your submission, your application will not be complete and therefore, will not be considered.

Please mail or hand deliver your completed, signed form and all required supplemental information to:

Scholarship Selection Committee
Spokane Regional Plan Center
209 N Havana
Spokane, WA. 99202