



Seattle Fishermen's Memorial

Gunnar Ildhuso Scholarship Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Are you authorized to work in the U.S.? YES NO

Are you affiliated with Seattle Fishermen's Memorial or any of its Board Members? YES NO

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Previous Maritime Training: _____ Address: _____

From: _____ To: _____ Completed? YES NO

Current Licensures/Certifications

Name: _____ Date Received-Expiration: _____

Name: _____ Date Received-Expiration: _____

Name: _____ Date Received-Expiration: _____

References

Please list three references.

Name & Phone: _____ Relationship: _____
Name & Phone: _____ Relationship: _____
Name & Phone: _____ Relationship: _____

Short Essay (use back if necessary)

Address the following: 1) What are your career plans in the maritime industry? 2) How will this scholarship strengthen your career aspirations in the maritime industry? What specific licensures, training or educational programs will you pursue with the scholarship funds? Please be as specific as possible.

Program or Institution

Name of Program or Institution: _____ Phone: _____
Address: _____
Cost of Course(s): _____

Relevant Experience (including employment, volunteer and community service)

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Title: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

May we contact your supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your supervisor for a reference? YES NO

Service Experience (including Military, Americorps, Peace Corp, and other)

Branch/Organization: _____ From: _____ To: _____

Rank or Position _____ Type of Discharge
(if applicable): _____

If other than honorable,
explain (if applicable): _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to a scholarship award, I understand that false or misleading information in my application may result in the termination of that award.

Signature: _____ Date: _____