

**March Taylor Memorial Fund  
Scholarship Grant Application**  
**Print and Fax to: 509-267-7994**

Applicant Name: \_\_\_\_\_  
Applicant Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Business Where Employed: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Name of the trade association where the business is a member:  
\_\_\_\_\_

Current Trade Position: \_\_\_\_\_  
How Long at Current Position: \_\_\_\_\_  
How Long at Previous Position: \_\_\_\_\_

Type of Industry Training Previously Acquired:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Training Applicant Will Pursue if a MTMF Grant Recipient:  
\_\_\_\_\_  
\_\_\_\_\_

March Taylor was a person of the highest integrity, caring for family, business and his industry. What attributes do you, the applicant, possess that qualifies you to be a recipient of an educational grant in his honor?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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