



Call for Applications Gabe Morris Memorial Scholarship

The Gabe Morris Memorial Scholarship Fund will make an annual award to support students who identify as Black, Indigenous, or Person of Color (BIPOC) in Benton and Franklin counties attending an accredited university or trade school or other skill-based program such as a technology boot camp.

The criteria for application include the following:

- The applicant must be a full-time high school senior planning to enter their freshman year of college, a returning college student, or someone who has taken no more than an 18-month break between completing high school and starting college or a certification program.
- The applicant must be a resident of Benton or Franklin County.
- Applicant must enroll as a full-time student in an accredited college, university, trade school or other skill-based program such as a technology boot camp.
- Applicant must have a cumulative 2.75 GPA (on 4.0 scale).

To apply, please provide the following:

Application & Narrative Questions (Attached).

Essay: Submit an essay (500 to 1000 words) describing your achievements, interests, and your academic and career goals.

References: Please include two reference letters with your application. These letters should be from people who know you through your academic or employment experience or your community leadership and participation. Please do not include relatives as references.

Transcript: Include your full transcript from the school you are currently attending with your application, or have it sent directly to the 3 Rivers Community Foundation.

Deadline: The completed application, plus letters of reference and school transcripts, must be postmarked by March 31, 2026. Materials postmarked after this date will not be considered.

Send the fully completed application to:

3 Rivers Community Foundation
7401 W. Hood Place, #140
Kennewick, WA 99336

Decision notification letters will be sent in May. Four \$1,000.00 awards will be distributed. The scholarship funds will be disbursed directly to the institution in the recipient's name, upon receipt of enrollment verification.

Verification: I affirm that the information included with my application is true and accurate in all respects and that I intend to pursue a post-secondary degree. I understand that if selected, the awarding of funds is contingent upon my full-time enrollment in an accredited institution, and that the funds will be paid directly to the institution and used toward the cost of my education.

Signature

Date

3 Rivers Community Foundation
Gabe Morris Memorial Scholarship

| Contact Information |
|---------------------|
| Full Name: |
| DOB: |
| Mailing Address: |
| City, State, Zip: |
| Email Address: |
| Phone Number: |

Race/Ethnicity

- | | |
|---|---|
| <input type="checkbox"/> African Descent/African American/Black | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Bi/Multiracial | <input type="checkbox"/> Latino/a/Latinx |
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> Middle Eastern North African |
| <input type="checkbox"/> East Asian | <input type="checkbox"/> Pacific Islander/Native Hawaiian |
| <input type="checkbox"/> First Nations/Indigenous/Native | <input type="checkbox"/> South/Central American |
| <input type="checkbox"/> American/Alaska Native | <input type="checkbox"/> Southeast Asian |
| | <input type="checkbox"/> Other Race/Ethnicity |

What is your preferred method of contact:

- | | | | |
|--------------------------------|--------------------------------|---------------------------------------|-------------------------------|
| <input type="checkbox"/> Phone | <input type="checkbox"/> Email | <input type="checkbox"/> Text Message | <input type="checkbox"/> Mail |
|--------------------------------|--------------------------------|---------------------------------------|-------------------------------|

I agree to respond promptly to any requests regarding enrollment verification, documentation, or other materials required to support my scholarship application or award process.

If I cannot be reached, I authorize the scholarship committee to contact the individual listed below:

| |
|----------------------------|
| Full Name: |
| Relationship to Applicant: |
| Phone Number: |
| Email Address: |

Signature

Date

3 Rivers Community Foundation
Gabe Morris Memorial Scholarship

Education Information

Select your current status:

☐

High School Student

☐

College Student

If you are a high school student, please complete the following:

Current High School Name:

Cumulative GPA (4.0 Scale):

Graduation Date:

Intended College or University:

Student ID Number (if available):

Include a copy of your acceptance letter if you have already applied and have received your confirmation.

If you are a college student, please complete the following:

Current College or University:

☐

Freshman

☐

Sophomore

☐

Junior

☐

Senior

☐

Graduate Student

Student ID Number:

Cumulative GPA (4.0 Scale):

Major or Area of Study:

Name of High School Graduated From:

High School Graduation Year:

Signature

Date

3 Rivers Community Foundation
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Narrative Questions - You may use additional pages if necessary.

Please describe academic activities, awards, and accomplishments:

Please describe your work experience and/or leadership experience:

In what ways do you envision your studies or career helping to create a positive impact within the BIPOC community?

[illegible]