

Call for Applications Jim Noland Memorial Scholarship

The purpose of the Jim Noland Memorial Scholarship is to honor and provide financial support to a deserving student who has lost a parent or guardian to cancer.

The criteria for application include the following:

- The student must be a resident of Benton or Franklin County.
- The student must be a current high school senior or currently attending an accredited 2- or 4-year community college, technical school, or public or private university.
- The student must have earned a cumulative 3.0 GPA or higher (on 4.0 scale)
- The student must demonstrate financial need and ability to pay additional expenses not covered by this scholarship, as substantiated by the enrolling school.
- The student must have lost a parent or guardian to cancer.

To apply, please provide the following:

Application & Narrative Questions (Attached).

Personal & Financial Information Form (Attached). If significant financial information is not available from one parent or guardian, please submit a brief written explanation of why this information has been left out.

Essay: Submit an essay (500-1000 words) telling us about yourself, your educational achievements and your future career goals and how you plan to accomplish your goals. Discuss how losing a parent or guardian to cancer has affected your life.

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: Your full transcript from the school you are currently attending must be stamped with an official seal and can be enclosed with your application or mailed 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. One \$1,000.00 award 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

Contact information	
Full Name:	
DOB:	
Mailing Address:	
City, State, Zip:	
Email Address:	
Phone Number:	
What is your preferred method of contact:	
Phone	
Email	
Text Message	
Mail	
I agree to respond promptly to any requests regarding enroll documentation, or other materials required to support my so or award process.	
If I cannot be reached, I authorize the scholarship committee individual listed below:	e to contact the
Full Name:	
Relationship to Applicant:	
Phone Number:	
Email Address:	
Signature	 Date

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:**

Date

Signature

Parent/Guardian Information			
Last Name:	First Name:		
Address:			
Occupation:			
Employer:	# of Years:		
Home Phone:	Work Phone:		
Parent/Guardi	an Information		
raient/Suardi			
Last Name:	First Name:		
Address:			
Occupation:			
Employer:	# of Years:		
Home Phone:	Work Phone:		
Financial C	Questions		
Which of the following will be your living situ	ation for the 2026-2027 academic year?		
Live at home with parents/guardian			
Live in college dorm			
Live in own apartment			
Live in shared apartment with roommate(s)		
Please provide the tuition cost for the acader available on the school's website. Please do n this figure: \$	_		
Please estimate your living expenses for the abasic needs, housing, and transportation cost Estimated living expenses \$			

If no, please explain why If you have completed the FAFSA			Family Contribution?
\$	or viva or a viriacio	,ou. Expedied	ranning continuation.
	Aid Gap		
Tuition Cost	\$		
Living Expenses	\$		
Financial Aid	\$		
Other Scholarships Awarded	\$		
Savings/Parental Assistance	\$		
Unmet Need/Aid Gap	\$		
State your plans for additional final expenses during college:	ancial aid or employ	ment to cove	r additional

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:	

Essay

(500-1000 words) additional pages may be used if needed Tell us about yourself, your educational achievements, and your future career goals. In yo essay, please discuss how you plan to accomplish these goals, and how losing a parent of guardian to cancer has affected your life. Reflect on the ways this experience has shaped your personal growth, your values, and your perspective on life and education. Consider how the challenges you've faced have influenced your aspirations and your motivation to succeed in your chosen career path.		