



Call for Applications Jim Noland Memorial Scholarship

The purpose of the Jim Noland Memorial Scholarship is to honor Jim Noland and support a deserving student whose life has been affected by a parent or guardian's cancer diagnosis.

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) describing who you are, your educational achievements, and your future career goals, including how you plan to achieve them. Please also discuss how being affected by a parent or guardian's cancer has influenced 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. Two \$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

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 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

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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:
<input type="checkbox"/> Freshman
<input type="checkbox"/> Sophomore
<input type="checkbox"/> Junior
<input type="checkbox"/> Senior
<input type="checkbox"/> 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

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Parent/Guardian Information

Last Name:		First Name:	
Address:			
Occupation:			
Employer:		# of Years:	
Home Phone:		Work Phone:	

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Last Name:		First Name:	
Address:			
Occupation:			
Employer:		# of Years:	
Home Phone:		Work Phone:	

Financial Questions

Which of the following will be your living situation 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 academic year. The cost of tuition should be available on the school's website. Please do not include the cost of Room and Board in this figure: \$

Please estimate your living expenses for the academic year. Be sure to consider your basic needs, housing, and transportation costs.

Estimated living expenses \$

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Will you, or did you apply for financial aid through the FAFSA or WAFSA?

- Yes, I have already applied
- Yes, I plan to apply in the near future
- No, I do not plan on applying

If no, please explain why _____

If you have completed the FAFSA or WAFSA, what is your Expected Family Contribution?

\$

Aid Gap

Tuition Cost	<input type="text" value="\$"/>
	+
Living Expenses	<input type="text" value="\$"/>
	-
Financial Aid	<input type="text" value="\$"/>
	-
Other Scholarships Awarded	<input type="text" value="\$"/>
	-
Savings/Parental Assistance	<input type="text" value="\$"/>
	=
Unmet Need/Aid Gap	<input type="text" value="\$"/>

State your plans for additional financial aid or employment to cover additional expenses during college:

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:
