

**THE SAM HOUSTON WATER UTILITIES ASSOCIATION
(A TEXAS WATER UTILITIES ASSOCIATION AFFILITATE)**

SCHOLARSHIP APPLICATION

Fall 2019- Spring 2020

TO BE FILLED OUT BY APPLICANT:

Name of Applicant: _____ Contact Phone #: _____

Address: _____ Contact Email: _____

City State Zip Code
Age: _____ Date of Birth ____/____/____ Place of Birth _____

IF EMPLOYED DURING SCHOOL OR VACATION, PLEASE LIST:

Employer _____ Phone Number: _____

Address _____ City _____ State _____ Zip _____

Position _____ Income _____ Year _____

TO BE FILLED BY ACTIVE MEMBER:

Member's Name _____ TWUA Member ID # _____

Relationship to Applicant _____

Year(s) SHWUA Member _____

Present Employer _____ Years Employed _____

Address _____ Phone Number _____

Present Position _____

Number of household member's _____ Total Family Income _____
5 (must be filled out) (must be filled out)

Name: _____

APPLICANT'S EDUCATIONAL DATA:

(Attach most recent School Transcript(s) with Application to be considered for Scholarship.)

Last School/High School Attended _____ Year Graduated _____

Grade Point Average _____ Out of _____ Class Ranking _____

What College, University, Technical or Trade School Do You Plan to Attend?
(Name, Location)

What Major Do You Plan to Pursue? _____

How Many Hours Do You intend to take in the Fall? _____

How Many Hours Do You Intend to Take in the Spring? _____

How Many Years Will it Take to obtain this Collegiate or Technology Degree? _____

Please List and date: Scholastic Honors, Scholastic Clubs/Organizations Memberships, Extra Curricular Activities **for the Last Academic Year.**

Briefly Describe Any Other Formal Education: Provide Names, Addresses and Dates of Various Schools You Have Attended. _____

ADDITIONAL INFORMATION:

1. Should you receive the award, what research or course of study do you plan to pursue? Briefly Describe: _____

2. If your Career Choice Relates to Protecting the Public Health, the Environment, or Advancing the Water Utility Industry, please describe your role: _____

Name: _____

CHARACTER REFERENCES:

1. Name: _____ Phone Number: _____

Address _____
City State Zip Code

2. Name: _____ Phone Number: _____

Address _____
City State Zip Code

Original signed application and current transcript must be submitted by deadline to be considered.

Application Deadline: April 18 2019.

If selected, recipient must initiate work within the scholastic year.

All recipients are required to provide SHWUA with a copy of their transcript of grade report for the Fall Semester on or before April 16, 2020 in order to receive payment for the Spring Semester.

If award is not used within time established, it must be returned to Sam Houston Water Utilities Association.

Recipient must also make an effort to attend monthly meetings held by Sam Houston Water Utilities Association.

Failure to meet any of the above criteria may result in your application not being considered for a Scholarship.

Signature Printed Name Date

Please send application and all pertinent supporting documents to:

Sam Houston Water Utilities Association
P. O. Box 690008
Houston, Texas 77269

For Internal use only:

Date Application Received: _____ By: _____

Name: _____

Action by Scholarship Committee _____

Points Awarded by Category _____

Date of Scholarship Committee Review: _____

Committee Members: _____

Chairman

Member

Member

Member

Member

Confirmation of Scholarship Application Received

Scholarship Application Received by: _____

Date Received: _____

Last Update: 01-03-2019