OGWA MEMORIAL FUND
Family in Business Scholarship

$2,000.00

Application Deadline: April 1, 2019
Scholarship Awarded: May 15, 2019

Send completed application forms to:
Oregon Ground Water Association
Family in Business Scholarship
P.O. Box 21285
Keizer, OR 97307-1285

CRITERIA:
1. Applicant must be a member of OGWA, family of OGWA member, employee of OGWA member, or direct family of employee.
2. Applicant must have current or future involvement with family business.
3. Scholarship award can be used at any school of higher education (vocational, technical, community college, or university) or can be used towards continuing education classes. Award can also be used towards books, tuition, fees, etc.

REQUIREMENTS:
• Completed Application Form along with the Financial Need Evaluation Form.
• Statement of 500 words or less describing:
  1. Proposed use of award money.
  2. Class or school attending.
  3. Future goals.
  4. Financial need/special considerations.
  5. Relationship with family business.

FOR MORE INFORMATION CONTACT THE OGWA OFFICE @ (503) 390-7080.
OGWA Memorial Fund
Family in Business Scholarship
Deadline: April 1, 2019

Name: ___________________________ Date of Birth: ________________

Address: _______________________________________________________

City/State/Zip: ___________________________________________________

Phone: ___________________________ MALE or FEMALE (circle)

Member Affiliated w/OGWA: ________________________________________

Relationship: ______________________ Home Phone: ________________

Family Business: ______________________ Business Phone: ____________

Business Address: _______________________________________________

Involvement with Family Business: __________________________________

_________________________________________________________________

Proposed use of award money: ______________________________________

Planned school/class attending: ______________________________________

_________________________________________________________________

Location: ___________________________ Date(s): ___________________

PLEASE SEND COMPLETED APPLICATION FORM AND STATEMENT TO:

OGWA Memorial Fund
Family in Business Scholarship
P.O. Box 21285
Keizer, OR 97307-1285
Application form continued on backside of page.

Statement (500 words or less):

I affirm that the information provided for this scholarship is complete, accurate and true to the best of my knowledge.

__________________________________________  ______________________
Applicant’s Signature                           Date
FINANCIAL NEED EVALUATION

Scholarship Application for (Name): ______________________________________

Name of Proposed Educational Facility: ________________________________

For School Year Beginning: _______________

**Anticipated Expenses:**

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room and Board</td>
<td>$______</td>
</tr>
<tr>
<td>Books</td>
<td>$______</td>
</tr>
<tr>
<td>Tuition</td>
<td>$______</td>
</tr>
<tr>
<td>Clothing</td>
<td>$______</td>
</tr>
<tr>
<td>Transportation</td>
<td>$______</td>
</tr>
<tr>
<td>Recreation</td>
<td>$______</td>
</tr>
<tr>
<td>Other (List):</td>
<td>$______</td>
</tr>
</tbody>
</table>

**TOTAL BUDGETED EXPENSES:** $______________

**Anticipated Income:**

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant's Savings and Assets</td>
<td>$______</td>
</tr>
<tr>
<td>From Parents, Guardian, or Estate</td>
<td>$______</td>
</tr>
<tr>
<td>From Friends or Relatives</td>
<td>$______</td>
</tr>
<tr>
<td>Anticipated Earnings This Summer</td>
<td>$______</td>
</tr>
<tr>
<td>Anticipated Earnings During Coming School Year</td>
<td>$______</td>
</tr>
<tr>
<td>From Other Sources- Scholarships, Insurance, Loans, etc. (Explain):</td>
<td>$______</td>
</tr>
</tbody>
</table>

**TOTAL BUDGETED INCOME** $______________