2019 OGWA Memorial Fund Scholarship
$2,000.00

Application Procedure:

Fill out OGWA Scholarship Application Form including the Financial Need Evaluation Form and attach the following:

a) Write a personal statement of not more than five hundred words regarding your plans for the future. Please provide information about your ambitions, goals, background and any special needs or circumstances which would assist the selection committee in judging your eligibility for scholarship.

b) List of school activities, community activities and honors. Be specific as to the name of the activity, school year in which you participated in each activity (example: 9th, 10th, 11th, 12th or college) and/or office or honors.

c) Provide three letters of recommendation (two from outside school).

d) A copy of your high school transcript (if graduating high school senior) or a copy of school transcript if currently attending a post-high school educational institution.

Qualifications: To apply, you must be a member of OGWA, family member of OGWA member, employee of OGWA member, or direct family of an OGWA member employee. Application must be submitted by April 1, 2019. Scholarship will be awarded May 15, 2019.

Criteria: Scholarship award partially based on future goals, financial need, contributions to the ground water industry, community involvement and academic achievement (not necessarily in this order - final decisions left to the discretion of the scholarship selection committee). This scholarship is not limited to graduating high school seniors.

Send completed application and attachments to:

Oregon Ground Water Association
Memorial Fund Scholarship
P.O. Box 21285
Keizer, OR 97307-1285
2019 OGWA Memorial Fund Scholarship
P.O. Box 21285
Keizer, OR 97307-1285

Name: ___________________________________________________________________

Address: __________________________________________________________________

Phone: __________________ Date of Birth: ______________ Male or Female (circle)

High School: __________________ Graduation Date: __________________

School Address: __________________________________________________________________

Member Affiliation w/OGWA: __________________ Relationship: ______________

Company Name: __________________ Phone: __________________

Company Address: __________________________________________________________________

Are you a citizen of the U.S.? Yes ___ No ______ If NO, type of VISA: __________

Name of College Attending: __________________________________________________________________

Address of College: __________________________________________________________________

Date of Entrance into College: ______________ Planned Graduation Date: ______________

Proposed Field of Study/Major: __________________________________________________________________

Housing Plans: Live-in University Housing __ Live off campus __ Live at home/commute __

*******************************************************************************

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:**

Room and Board $_________________

Books $_________________

Tuition $_________________

Clothing $_________________

Transportation $_________________

Recreation $_________________

Other (List):

____________________________________ $_________________

____________________________________ $_________________

**TOTAL BUDGETED EXPENSES:** $_________________

**Anticipated Income:**

Applicant's Savings and Assets $_________________

From Parents, Guardian, or Estate $_________________

From Friends or Relatives $_________________

Anticipated Earnings This Summer $_________________

Anticipated Earnings During Coming School Year $_________________

From Other Sources- Scholarships, Insurance, Loans, etc. (Explain):

____________________________________ $_________________

____________________________________ $_________________

**TOTAL BUDGETED INCOME** $_________________