2020 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, 2020. Scholarship will be awarded May 15, 2020.

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
2020 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 ___

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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** $_____________