

**AMERICAN WATER WORKS ASSOCIATION
PACIFIC NORTHWEST SECTION**

APPLICATION for 2011-2012 SCHOLARSHIP (3 pages)

| | |
|---|--------------------|
| NAME _____ (last, first, middle initial) | DATE _____ |
| ADDRESS _____ (street or box #) | DATE _____ |
| _____ (city, state, zip code) | |
| PERMANENT ADDRESS (If different from above) _____ (street or box #) | |
| _____ (city, state, zip code) | PHONE _____ |
| EMAIL _____ | |

| | | | | |
|---|-------------|-----------|--------------|----------------|
| COLLEGES OR UNIVERSITIES ATTENDED: | | | | |
| <i>Name of Institution</i> | <i>From</i> | <i>To</i> | <i>Major</i> | <i>Credits</i> |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |

| |
|--|
| PRESENT CLASS STATUS OR DEGREE(S) EARNED _____ _____ |
|--|

| |
|---|
| IF PRESENTLY ATTENDING COLLEGE, HOW MANY CREDIT HOURS HAVE YOU CARRIED EACH QUARTER OR SEMESTER THIS PAST YEAR? _____ |
|---|

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WHAT COURSE OF STUDY WILL YOU USE THIS SCHOLARSHIP FOR?

WHAT DEGREE WILL THIS COURSE OF STUDY LEAD YOU TO?

WHICH COLLEGE WILL YOU ATTEND WITH THESE FUNDS?

ARE YOU CURRENTLY ENROLLED? _____

IF NOT CURRENTLY ENROLLED, HAVE YOU APPLIED FOR ADMISSION? _____

HAVE YOU BEEN ACCEPTED FOR ADMISSION? _____

ARE YOU A MEMBER (or STUDENT MEMBER) OF AWWA? Member # _____

LIST OTHER PROFESSIONAL and/or SCHOLASTIC ASSOCIATIONS OR SOCIETIES WHICH YOU BELONG TO AND ANY LEADSHIP POSITION(S) HELD:

1. _____

2. _____

3. _____

4. _____

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LIST VOLUNTEER COMMUNITY SERVICE YOU HAVE PARTICIPATED IN WITHIN THE LAST FIVE YEARS. (This could include professional or scholastic associations' community outreach such as tutoring).

1. _____
2. _____
3. _____
4. _____

ARE YOU CURRENTLY CERTIFIED OR LICENSED IN A FIELD RELEVANT TO THE WATER WORKS INDUSTRY? _____

IF SO, COMPLETE THE FOLLOWING:

| STATE | LEVEL OR LICENSE TYPE | NUMBER | YEAR EARNED |
|--------------|------------------------------|---------------|--------------------|
|--------------|------------------------------|---------------|--------------------|

PLEASE ATTACH THE FOLLOWING TO YOUR APPLICATION:

1. Sealed college transcripts for at least the last 3 semesters/quarters of all colleges and universities attended. If you have completed less than 3 semesters/quarters, please submit your most recent transcripts.
2. A concise paragraph on each of the following:
 - A. Your educational goals.
 - B. Your career goals and any relevant experience.
 - C. Why do you deserve a scholarship?.

Application Must be Received by Friday: February 25, 2011

Send applications to:

Dave Leland
Public Health Division
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Portland OR 97232
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