



Alabama Onsite Wastewater Association

2012 SCHOLARSHIP APPLICATION

(Please return the application and corresponding material by **March 3, 2012** to:)

AOWA Scholarship Committee

P.O. Box 210701

Montgomery, AL 36121

(334) 396-3434



Sponsoring Member's Name: _____

Relationship to Member: _____

Social Security Number: _____ Date of application _____

Applicant's Name: _____

Current Address: _____

City _____ State _____ Zip _____ Phone No. (____) _____

Residency Status: Resident of (City) _____ (State) _____

Sex: Male _____ Female _____ Date of Birth _____

Marital Status: Single _____ Married _____ (# of dependents _____) Separated _____ Divorced _____

Parent/Guardian's Names: _____

Parent/Guardian's Address: _____

City _____ State _____ Zip _____ Phone No. (____) _____

Are you employed? Yes _____ No _____ If yes, please give the following:

Employer's Name: _____

Employer's Address: _____

City _____ State _____ Zip _____ Phone No. (____) _____

Proposed School (Institution, College, University) Name: _____

Proposed School Address: _____

City _____ State _____ Zip _____ Phone No. (____) _____

Contact at Proposed School: _____ Phone No. (____) _____

Proposed Major Area of Study: _____

Attach the following on a separate piece of paper: 1. A written summary of your ambitions and goals, the reason you are pursuing this career and applying for this scholarship. 2. A transcript of your grades complete with your grade point average.

List of schools you previously attended (from High School through the Present)

Name of School	Address	Date Attended

*** Attach a transcript from all previous institutions attended.

Activities Record (include school and community activities and honors)
 (Check in the space provided the school year(s) in which you participated in each activity)

Name of Activity	11th	12th	13th	14th	Offices and Honors

Work Experience (List current employment information on line 1.)

Employer	Job Description (be specific)	Wage	Gross Earning Past 12 Months

Financial Aid Report (If not complete, application will not be processed)

***Please attach a copy of your Student Financial Aid Form if no financial aid was received.

***List previous and current educational scholarships, grants, loans, work-study, or student employment

Date	Institution and Location	Type of Aid	Amount

List of Personal References: (other than pastor or relatives)

Name	Street/City/State/Zip	Occupation

I affirm the information that I have (will) provided on this application, or any supportive materials, is (will be) complete, accurate, and true to the best of my knowledge. I understand that furnishing false information may result in my not being considered or revocation of financial aid at some later date.

Signature of Applicant _____ Date _____

Signature of Guardian or Parent _____ Date _____