



# Alabama Onsite Wastewater Association

## 2019 SCHOLARSHIP APPLICATION

(Please return the application and corresponding material by March 1, 2019 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 \_\_\_\_\_