



Scholarship Application

(Please Print or Type)

A. Personal Information

Name: (Last) _____ (First) _____ (MI) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

B. Member Information *(Applicant must be a dependent child of a system employee of a water or wastewater voting utility)*

Utility Name: _____

Employee Name: _____

Applicant's relationship to employee: _____

C. High School Information *(Transcript must be submitted with application)*

School Name: _____ Graduation Date: _____

Address: _____ City: _____ State: _____ Zip: _____

GPA: _____ SAT Score (total): _____ Class Rank: _____ out of: _____

Attach a typed list of school and community activities, awards and honors, and other special recognition you have received during the last four (4) years

D. Work Experience – *(Describe any work experience during the last four (4) years)*

E. College / University Information *(Applicant must be enrolling as a first-year college student)*

School Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Please indicate: _____ 4 Year College/University
_____ Vocational/Technical School
_____ 2-Year Community/Junior College
_____ Other, Specify: _____

Major Course of study: _____

(Priority will be given but is not limited to water/wastewater related studies)

F. Financial Information

Please indicate which of the following income ranges matches your gross family income:

_____ Under \$30,000 _____ \$30,000 - \$50,000 _____ \$50,000 - \$70,000 _____ Over \$70,000

If you are receiving other known financial aid/scholarships, please itemize by name and amount.

Name: _____ Amount: _____

Name: _____ Amount: _____

Name: _____ Amount: _____

If there are any family circumstances that influence your need for financial assistance, please describe:

G. Essay

On a separate page in 250 words or less. **(Please type)**

Write a brief essay on your goals as they relate to your education, career, and future plans.

H. Certification

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. False information will result in revocation of any scholarship granted.

Applicant's Signature: _____

Date: _____

Parent's/Guardian's Signature: _____

Date: _____

OFFICIAL RULES

This scholarship will be made to defray the cost of educational expenses at an accredited institution of higher learning approved by the Alliance of Indiana Rural Water. Disbursement of the money will be made upon presentation of proof of enrollment (transcript or invoice.) Scholarship money will be paid directly to the scholarship winner. Applicants must be a first-year college student enrollee and cannot have received a prior scholarship from the Alliance of Indiana Rural Water. Applicant must also be a citizen or legal resident of the United States, a resident of the state of Indiana and a **dependent child of a SYSTEM EMPLOYEE of a water or wastewater voting utility.** (*Utility Board members' dependents are not eligible*). In order to be eligible, applicant must complete the application form in its entirety and return it to the Alliance by the entry **postmark deadline, January 31, 2023.** Scholarship recipients will be selected based on the number, length of commitment and quality of leadership in school and community activities, awards, honors, academic records, career goals, work experience and financial need. **Application must be signed by both applicant and parent/guardian before submission.** Applicants will be evaluated on a comparative basis at the sole discretion of the committee. All decisions are final. Application materials and decisions of the committee shall be confidential. Acceptance of scholarship constitutes permission to use recipient's name and/or likeness for purpose of promotion. No transfer of scholarship is permitted. Applicant must plan to attend an accredited school in the fall of 2023. Recipients will be notified by mail. Family members of employees of the Alliance of Indiana Rural Water and/or members of the Board of Directors are not eligible.

Mail application, transcript(s), & essay to:
(must be postmarked by January 31, 2023)

Alliance of Indiana Rural Water
P.O. Box 789
Franklin, IN 46131

OR Email application, transcript(s), & essay to:
(must be received by January 31, 2023)

alliance@inh2o.org

<u>CHECKLIST</u>	
<input type="checkbox"/>	Completed application
<input type="checkbox"/>	Essay
<input type="checkbox"/>	Academic transcript
<input type="checkbox"/>	School & community activities
<input type="checkbox"/>	Awards & honors
<input type="checkbox"/>	Certification signatures