



RALPH REED MEMORIAL SCHOLARSHIP APPLICATION

A. Personal Information

Name (Last) _____ (First) _____ (MI) _____ (Gender) M F
Address _____
City _____ State _____ Zip _____
Phone _____ Email: _____

B. IOWPA Member Information

Company Name _____
Member Name _____

C. High School Information

School Name _____ Graduation Date _____
Address _____ City _____ State _____ Zip _____
GPA _____ SAT Scores: Math _____ Verbal _____
Number of Students in Class _____ Class Rank _____ (Transcript must be submitted with application)

Attach a typed list of academic awards, memberships or other special recognition you have received dating back to your sophomore year.

D. College / University Information

Is this your first year of higher education? Yes _____ No _____ (If "No," college transcript is required)
If "No," indicate credit hours completed _____
If "No," indicate credit hours required to graduate _____

School Name _____
Address _____ City _____ State _____ Zip _____

Please indicate:

- 4 Year College/University
- Vocation/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)

E. Financial Information

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

- Under \$20,000
- \$20,000 - \$35,000
- \$35,000 - \$50,000
- Over \$50,000

If you are receiving other financial aid 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.

F. 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.

G. 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 grant of \$700.00 will be made to defray the cost of tuition and room & board at an accredited institution of higher learning approved by the Indiana Onsite Wastewater Professionals Association (IOWPA). Disbursement of the money will be made upon presentation of winner's college invoice as proof of enrollment. The scholarship money will be paid directly to the scholarship winner. Applicants must be a citizen or legal resident of the United States, a resident of the state of Indiana and a dependent child of an IOWPA member. In order to be eligible, applicants must complete the application form in its entirety and return it to IOWPA by the entry postmark deadline, May 1, 2009. All application will be first screened on the basis of leadership responsibilities in community activities and school activities and on grade point average. Scholarship recipients will be selected on the basis of the number, length of commitment, and quality of leadership responsibilities in community and school activities, awards, honors, academic records, career goals and financial need. Applicants will be evaluated on a comparative basis at the sole discretion of the committee. All decisions are final. Application material and decision 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 2009. Recipients will be notified by mail.

Employees of IOWPA, Members of the Board of Directors and their immediate families are not eligible.

Mail Scholarship Application & Transcript to:



Indiana Onsite Wastewater Professional Association
 7915 S. Emerson Ave., Suite 132, Indianapolis, IN 46237
 Phone: 317-889-2382 • Fax: 317-889-3935
 Email: info@iowpa.org • Website: www.iowpa.org