

2024 OGWA Memorial Fund Scholarship

\$2,000.00

Application Procedure:

Fill out **OGWA Scholarship Application Form** including the **Financial Need Evaluation Form** and attach the following:

- a) Write a **personal statement** of not more than five hundred words regarding your plans for the future. Please provide information about your ambitions, goals, background and any special needs or circumstances which would assist the selection committee in judging your eligibility for scholarship.

- b) **List of school activities, community activities and honors.** Be specific as to the name of the activity, school year in which you participated in each activity (example: 9th, 10th, 11th, 12th or college) and/or office or honors.

- c) Provide **three letters of recommendation** (two from outside school).

- d) A copy of your **high school transcript** (if graduating high school senior) **or a copy of school transcript** if currently attending a post-high school educational institution.

Qualifications: To apply, you must be a member of OGWA, family member of OGWA member, employee of OGWA member, or direct family of an OGWA member employee. Application must be submitted by April 1, 2024. Scholarship will be awarded May 15, 2024.

Criteria: Scholarship award partially based on future goals, financial need, contributions to the ground water industry, community involvement and academic achievement (not necessarily in this order - final decisions left to the discretion of the scholarship selection committee). This scholarship is not limited to graduating high school seniors.

Send completed application and attachments to:

U.S. Mail: **Oregon Ground Water Association
Memorial Fund Scholarship
129 Assembly Cir.
Grants Pass, OR 97526**

Email: **office@clouserdrilling.com**

Fax: **541-476-0095**

2024 OGWA Memorial Fund Scholarship

129 Assembly Cir.
Grants Pass, OR 97526
office@clouserdrilling.com

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Male or Female (circle)

High School: _____ Graduation Date: _____

School Address: _____

Member Affiliation w/OGWA: _____ Relationship: _____

Company Name: _____ Phone: _____

Company Address: _____

Are you a citizen of the U.S.? Yes ___ No ___ If NO, type of VISA: _____

Name of College Attending: _____

Address of College: _____

Date of Entrance into College: _____ Planned Graduation Date: _____

Proposed Field of Study/Major: _____

Housing Plans: Live-in University Housing ___ Live off campus ___ Live at home/commute ___

I affirm that the information provided for this scholarship is complete, accurate and true to the best of my knowledge.

Applicant's Signature

Date

FINANCIAL NEED EVALUATION



Scholarship Application for (Name): _____

Name of Proposed Educational Facility: _____

For School Year Beginning: _____

Anticipated Expenses:

Room and Board \$ _____

Books \$ _____

Tuition \$ _____

Clothing \$ _____

Transportation \$ _____

Recreation \$ _____

Other (List):
_____ \$ _____

_____ \$ _____

TOTAL BUDGETED EXPENSES: \$ _____

Anticipated Income:

Applicant's Savings and Assets \$ _____

From Parents, Guardian, or Estate \$ _____

From Friends or Relatives \$ _____

Anticipated Earnings This Summer \$ _____

Anticipated Earnings During Coming
School Year \$ _____

From Other Sources- Scholarships,
Insurance, Loans, etc. (Explain):
_____ \$ _____

_____ \$ _____

TOTAL BUDGETED INCOME \$ _____