



SEDA Scholarship APPLICATION FORM

Current Degree Seeking (Bachelor's, Master's, PhD, combined, etc.) _____

1. Name: _____ Age: _____

Name of School: _____

School Address: _____

Mailing Address while in school: _____

Email: _____ Phone: _____

2.	College(s) Attended	Date	Program of Study
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Involvement in drinking water industry related technical activities

Name of Activity	Contribution or Office Held	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Involvement in non-technical civil and community activities

Name of Activity	Contribution or Office Held	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Name _____

5. Special recognition and academic honors

Name of Recognition	Reason Awarded	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Employment while attending college

Employer	Job Description	Avg. hrs/wk	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Applicant's Certification and Permission to Release Information

I hereby certify that all information submitted on this application is true and accurate to the best of my knowledge. I understand that submitting non-factual information will automatically disqualify me from any consideration for a scholarship.

By submitting this application, I authorize my college(s) records office to make available to the FSAWWA information concerning my academic records.

I hereby grant permission to allow the FSAWWA to release information contained herein to other potential sources of scholarship assistance for my studies.

Yes _____ No _____

Applicant's Signature

Date