

APPLICATION  
FOR THE  
J.R. POPALISKY SCHOLARSHIP FUND  
OF THE  
MISSOURI SECTION, AMERICAN WATER WORKS ASSOCIATION

NAME \_\_\_\_\_  
(Last) (First) (Middle)

Permanent Mailing Address \_\_\_\_\_  
(Number & Street)

\_\_\_\_\_  
(City) (State) (Zip)

Telephone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Area Code & Number) (M/D/Y)

Social Security # \_\_\_\_\_ Marital Status \_\_\_\_\_

College/University \_\_\_\_\_

School Mailing Address \_\_\_\_\_  
(Number & Street)

\_\_\_\_\_  
(City) (State) (Zip)

Major Field of Study \_\_\_\_\_

Cumulative Grade Point Average \_\_\_\_\_

**INSTRUCTIONS:**

If you are selected to receive a scholarship, the amount of the award will be one thousand dollars (\$1,000).

**Mail application to:** Chester A. Bender, P.E.  
MOAWWA Scholarship Committee Chair  
C/o Ponzer Youngquist, P.A.  
227 E. Dennis Ave.  
Olathe, KS 66061

**DEADLINE FOR RECEIPT OF APPLICATION IS MARCH 24, 2010**

**INCLUDE WITH APPLICATION:** Prepare an essay of two pages or less discussing the course of study in which you are enrolled and the occupation in which you plan to use your education.

**ACTIVITIES:**

Work experience: List part-time and summer jobs you have held since entering college/university.

**EMPLOYER** \_\_\_\_\_

**DUTIES** \_\_\_\_\_

\_\_\_\_\_

**EMPLOYER** \_\_\_\_\_

**DUTIES** \_\_\_\_\_

\_\_\_\_\_

**EMPLOYER** \_\_\_\_\_

**DUTIES** \_\_\_\_\_

\_\_\_\_\_

**EMPLOYER** \_\_\_\_\_

**DUTIES** \_\_\_\_\_

\_\_\_\_\_

**EMPLOYER** \_\_\_\_\_

**DUTIES** \_\_\_\_\_

\_\_\_\_\_

## COLLEGE/UNIVERSITY ACTIVITIES

### INSTRUCTIONS:

List your on-campus and off-campus extracurricular activities (other than jobs), in the order of your interest, that you have been involved in since entering college/university.

Activity \_\_\_\_\_

Your most significant contribution \_\_\_\_\_

Activity \_\_\_\_\_

Your most significant contribution \_\_\_\_\_

Activity \_\_\_\_\_

Your most significant contribution \_\_\_\_\_

Activity \_\_\_\_\_

Your most significant contribution \_\_\_\_\_

### PROFESSIONAL ACTIVITIES AND MEMBERSHIP:

List professional activities (other than jobs) that you have been involved in during your college/university career:

Activity \_\_\_\_\_

Your most significant contribution \_\_\_\_\_

Activity \_\_\_\_\_

Your most significant contribution \_\_\_\_\_



**APPLICATION  
UNIVERSITY OR COLLEGE OFFICIAL  
OR PROFESSOR CERTIFICATION  
FOR THE  
J.R. POPALISKY SCHOLARSHIP FUND  
OF THE  
MISSOURI SECTION, AMERICAN WATER WORKS ASSOCIATION**

1. Applicant's Name \_\_\_\_\_
2. I hereby certify that academic information and summary of activities as submitted in this application are correct and that the applicant meets the eligibility requirements as outlined.
3. I hereby certify that the applicant is a citizen of the U.S.A.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

College/University \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

**APPLICATION  
CONFIDENTIAL FINANCIAL ANALYSIS  
FOR THE  
J.R. POPALISKY SCHOLARSHIP FUND  
OF THE  
MISSOURI SECTION, AMERICAN WATER WORKS ASSOCIATION**

This section should be completed by the parent, guardian, or Applicant (if self-supporting) or an Applicant wishing to be considered for a scholarship. If this section is not completed when application is made for scholarship, it will be assumed that no financial need exists.

1. FAMILY'S GROSS ANNUAL INCOME: \$ \_\_\_\_\_  
NET TAXABLE INCOME: \$ \_\_\_\_\_
2. Number of children who will be in college during the next four years and the estimated annual amount to be contributed by the family toward their education (exclude the Applicant for this scholarship).

If Applicant is married and family is self-supporting, indicate "MARRIED - NOT APPLICABLE."

If Applicant is married, indicate number of children (if any) and ages.

3. Information on Applicant's Father. If Applicant is married and/or self-supporting, indicate "NOT APPLICABLE."

Name \_\_\_\_\_ Is he living? \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

4. Information on Applicant's Mother. If applicant is married and/or self-supporting, indicate "NOT APPLICABLE."

Name \_\_\_\_\_ Is she living? \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

5. Information on Applicant, if Self-Supporting:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer \_\_\_\_\_

6. Name of individual(s) who support the Applicant \_\_\_\_\_

\_\_\_\_\_

7. If the individual(s) named in Item 6 is someone other than the Applicant's father or mother, please complete the following:

Relationship of individual(s) to Applicant:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

8. I hereby certify that the above information accurately reflects my current financial status.

\_\_\_\_\_ Date \_\_\_\_\_

(Signature of Parent, Guardian, Applicant)