

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)

College/University _____

School Mailing Address _____
(Number & Street)

(City) (State) (Zip)

Major Field of Study _____

Cumulative Grade Point Average _____
(Attach a copy of your most recent transcript)

INSTRUCTIONS:

If you are selected to receive a scholarship, depending on your ranking, the top ranked application will receive an award in the amount of \$2,500 and other applications will be for an award in the amount of \$1,000.

Mail or email application to: Mike O'Connell, P.E.
MO-AWWA Scholarship Committee Chair
mjjoconnell@gmail.com
**Please note "JRPS Application" in the Subject Line
and ask for confirmation of receipt.**

DEADLINE FOR RECEIPT OF APPLICATION IS FEBRUARY 28, 2024

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 _____

**CERTIFICATION OF
UNIVERSITY OR COLLEGE OFFICIAL
OR PROFESSOR / INSTRUCTOR
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_____

(University or College Official or Professor)

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 self-supporting, indicate "NOT APPLICABLE."

3. Information on Applicant's Father. If Applicant is 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 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.

(Signature of Parent, Guardian, Applicant) Date _____