2025 SUBMISSION DEADLINE APRIL 1ST



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Mississippi Rural Water Association, Inc.

172 Country Place Parkway Phone: 601.857.2433

Pearl , MS 39208 Fax: 601.857.2434

MsRWA

The MsRWA Scholarship Fund was established to recognize individuals such as Pete Boone , the late Mr. Edward A. May & others for their long time contributions to the water and wastewater industry in Mississippi. The scholarship is administered by a committee appointed by the Board of Directors of the Mississippi Rural Water Association, Inc. The scholarship committee is responsible for selecting the recipient.

| Da | | nal | Data | |
|----|-----|-----|------|--|
| PP | 120 | nai | Data | |

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|------------------|---------------------|-------------------|-----------|-------------------------|------------------|-----------------|
| Last Name | First | Middle | | | | |
| | | | <u>MS</u> | | Phone: | |
| Address | (| City | | Zip | | |
| Eligible Voting | g Member Employ | ee Data | | | | |
| Name of Perso | on Employed at M | ember System | Job | o Title | | MS |
| Name of Votir | ng Member Systen | n Address | | | <u>l</u> City | |
| | o Applicant: | | | Pho | , | • |
| | dependent on Me | | | | | |
| If no, please ex | xplain: | | | | | |
| High School D |)ata | | | | | |
| School Name: | | | | Grac | luation Date | : |
| | | | | | MS | |
| Address | | Ci | ty | | Zip | |
| Class Rank: | Number of Stud | dents In Class: _ | Grā | ide Point Av | /erage: | ACT Score: |
| List below any | academic award | s, memberships | or othe | er special re | cognition yo | u have received |
| | | | | | | |
| Guidance Cou | ınselor's Signature | : | | | Date: | |
| Phone Number | er: | | | If already a | ttending coll | ege, no guidano |
| counselor sign | nature required. | | | | | |
| College/Unive | ersity Data | | | | | |
| Will the 2023 | Fall Semester by y | our first year of | higher | education? | Yes | No |
| If "No", Colleg | e Transcript Requ | ired, Number of | f Credit | Hours Com | pleted: | . <u> </u> |
| Number of Cre | edit Hours require | d to graduate: _ | | College Grad | de Point Ave | rage: |

Committee

| Shelley Ellard Central Water Assn. |
|---|
| Willette McClain Clayton Village Water Assn. |
| Daniel Hemphill Copiah Water Assn. |
| John Gunn Culkin Water District |
| Kevin Hand South Central Water Assn. |
| Patricia Spangler Tishomingo Co Water Dist. |

Special points of interest:

- Application must be typed or neatly printed. Must be submitted in hard copy.
- Transcript & tax information must be submitted with the application.
- All blanks must be filled in.
- The scholarship will be awarded to a dependent of a MsRWA Voting Member employee (must be affiliated with the Water or Wastewater Dept.). Membership must be in good standing.
- MsRWA Directors, Staff & Scholarship committee dependents are excluded.
- Applicant can re-apply annually.
- On a separate page, in 250 words or less, write a brief essay on your goals as they relate to your education, career and future plans. (Please type) Essay must be signed by applicant.
- Committee would like to have a video of the applicant stating essay, if possible. (HIGHLY RECOMMENDED)
- It is strongly recommended that the recipient be present for the awarding of Certificate at MsRWA Conference.

OFFICIAL RULES

This scholarship of up to Fifteen Hundred dollars (if funds are available) is awarded to a student to defray the cost of tuition, books, or room and board at an accredited institution of higher learning that is approved by the Mississippi Rural Water Association (MsRWA) Scholarship Committee. Disbursement of the money is made upon presentation of the winner's college or university full-time enrollment form for the Fall semester. The scholarship money is paid directly to the college or university. The scholarship is awarded to a dependent of a MsRWA Voting Member employee. In order to be eligible for this scholarship, applicants must complete the application form in its entirety and all required information returned. Applicant must be a dependent on the member employee's tax return. If an item is not applicable, please place a N/A in the blank. Leave no blanks unanswered. Upon completion, return the application to the MsRWA Scholarship Committee by April 1st. All applications are screened on the basis of leadership responsibilities in the community and school activities, as well as grade point average. The scholarship recipient is selected on the basis of the number, length of commitment, and quality of leadership responsibilities in the community, as well as, school activities, awards, honors, academic record, career goals, and financial need. Applicants are evaluated on a comparative basis at the sole discretion of the committee. Should the parent of the scholarship award leave the employment of the affiliate voting member for any reason, the student is no longer eligible for the award. If the student changes schools the balance of the funds are not transferable. They will be returned to the Scholarship Fund.

Application and required documents must be submitted in hard copy with the video on a thumb drive.

No submission will be accepted by email.

Required to send in additional/updated

information, from time of application submission until

April 1st each year.

Strongly recommended to be present at the Award Ceremony at MsRWA Conference.



ESSAY

Committee highly recommends that you send in a video type of the applicant stating/reading a brief essay of 250 words or less stating your goals as they relate to your education, career, and future plans, but if not possible, place essay on a separate page. (Please type) Essay must be signed by applicant.

College/University Data Continued

| Name of College/University | | | Phone | | | | |
|--|-----------------------------|-------------------------|---------------------------------|---------------------------------|--|--|--|
| Address of Admissions | | City/St/Zip | | | | | |
| Please indicate:4 Year | _ 4 Year College/University | | 2 Year Community/Junior College | | | | |
| Vocatio | nal Technical S | chool | Graduate School | | | | |
| Major Course of Study: | | | | | | | |
| Financial Data (MUST BE WITI application. | 1 APPLICATIO | N TO QUALIFY) Retu | rn a copy of the last tv | vo years tax returns with your | | | |
| Please indicate which of the follo | wing income ra | nges matches your fa | mily's gross income: | | | | |
| Under \$30,000 \$30,0 | 00-\$44,999 | \$45,000-\$59,000 | \$60,000-\$74,999 | over \$75,000 | | | |
| If you are receiving other financi | al aid (including | all scholarships), plea | se itemize by name and | d amount. | | | |
| Name: | | | Amount: | | | | |
| Name: | | | Amount: | | | | |
| If there are any family circumsta | nces that would | influence your need for | or financial assistance, p | olease describe: | | | |
| Please add other activities include | ling those that a | are work related: | | | | | |
| Certification | | | | | | | |
| In submitting this application, we False information will result in th | | | | e to the best of our knowledge. | | | |
| Applicant's Signature | | | Date | | | | |