

WEST BASIN Board of Directors (BOD) Scholarship Program Application
Application Due Tuesday, March 31, 2009

Name: _____ (first, m.i., last)

Address: _____ (street number, street, city, zip)

Phone no. _____ Phone no. to leave msg.: _____

Date of Birth: _____

E-mail address: _____

High School name & address:

Counselor name and phone no.:

List your intended area of study or major:

List Trade School/College/University attending in fall:

Grade point average: _____ S.A.T. and/or A.C.T. score: _____

(enclose transcript copies of grade point average and S.A.T./A.C.T. scores)

Other Scholarships received/applied for:

Describe a special hardship that you wish the scholarship committee to be aware of:

Extracurricular Activities/Work Experience: (List most recent extracurricular activities & work experience. Specify what your involvement, special roles or functions you performed, and number of years involved. Attach a separate sheet of paper if needed.)

Employment: List Company (companies), dates, name and phone no. of supervisor for each.

Volunteer Work: List organization(s), dates and name and phone no. of supervisor for each.

List School Activities/Clubs: (dates and leadership positions held, if any)

Attach 500-word essay describing your knowledge, understanding, and appreciation of current and future water issues, how water will be integrated into their field of study and the reason you would like to work in the water industry.

Pledge: I intend to enroll at _____ (college/university) as a full time student (12 units minimum) beginning in the fall of 20__ (fill in year). I hereby certify that the information contained in this application is true and accurate to the best of my knowledge and I authorize the Scholarship Committee to review my official transcript and all other data pertaining to this application. If awarded the scholarship, I agree to attend a scholarship presentation at a regular meeting of the Board of Directors of the West Basin Municipal Water District.

Applicant Signature: _____ Date: _____

Parent/Legal Guardian _____ Date: _____

NOTE: Applications cannot be processed without signatures.