

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 \_\_\_\_\_  
**(Attach a copy of your most recent transcript)**

**INSTRUCTIONS:**

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

**Mail or email application to:** Chester A. Bender, P.E.  
MOAWWA Scholarship Committee Chair

C/o Ponzer Youngquist, P.A.  
227 E. Dennis Ave.  
Olathe, KS 66061

or

[cbender@pyengineers.com](mailto:cbender@pyengineers.com)

**Please note "JRPS Application" in the Subject Line  
and ask for confirmation of receipt.**

**DEADLINE FOR RECEIPT OF APPLICATION IS MARCH 23, 2017**

**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 \_\_\_\_\_

\_\_\_\_\_

**HONORS:**

List any special honors and scholarships you have won, either in or out of school, since you entered college/university.

**DESCRIPTION OF HONOR OR SCHOLARSHIP:**

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**NOTE:**

If space provided is not sufficient, PLEASE list your activities on a separate sheet.

**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 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)