



## Montana Water Well Drillers Association & Manufacturers and Suppliers Division Scholarship Fund Information

The Montana Water Well Drillers Association (MWWDA) is pleased to offer three \$1,000.00 scholarships to deserving family members of MWWDA Members. The Association recognizes the need for educational advancement at all levels of the industry and seeks to support students pursuing their educational goals.

### Qualifications:

Applicant must be a member of the Montana Water Well Drillers Association (MWWDA), family member of MWWDA, employee of MWWDA member, or direct family member of employee. Applications must be completed in full and received by the MWWDA no later than June 15, 2010. Scholarships will be awarded July 15, 2010, by the Scholarship Committee. **Funds will be paid directly to the academic institution.**

### Rules for Application:

- Scholarships are for an accredited college, university, or technical school.
- Applicant must have a minimum 2.5 GPA.
- Applicant must be a U.S. citizen or legal resident of the U.S.
- Awarded applicants will be requested to submit a picture and article for publication.

### Application Procedure:

To be considered, applicants **must submit** the following documents:

- Completed Scholarship Application
- Personal Statement
- A 500 word or less description of your educational pursuit toward your career
- A 300 word or less description of your financial background
- Copy of high school transcripts or school transcripts if currently attending a post-high school educational institution

### Criteria for Selections:

Selection of the Scholarship award will be based on applicant's goals, financial needs, academic achievements, school and community involvement, work experience, and additional courses (not necessarily in this order) and will be selected by the scholarship committee.

# Montana Water Well Drillers Association

## Scholarship Application



**Application Deadline: June 15, 2010**

**Award Date: July 15, 2010**



## Montana Water Well Drillers Association

c/o Sheri Lien  
36482 Carbine Rd  
Ronan, MT 59864  
Phone: (406) 675-3179

### Application for Scholarship

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Last, First, Middle Initial)

Address: \_\_\_\_\_  
(Street or box number)

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

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male or Female (circle)

High School: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

School Address: \_\_\_\_\_

Affiliation to MWWDA member name: \_\_\_\_\_

Relationship to this person: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Company Phone: \_\_\_\_\_  
Area Code Number

Are you a citizen or the United States? Yes No If no, type of visa?

Name of college/institution: \_\_\_\_\_

Address of college/institution: \_\_\_\_\_

Is this a 4-year, 2-year, or vocational school? \_\_\_\_\_

Date of proposed entrance: \_\_\_\_\_ Planned dates of attendance: \_\_\_\_\_

Proposed field of study: \_\_\_\_\_

