



# Wine Country Water Works Association

• P.O. Box 3475, Santa Rosa, CA 95402 •

## Scholarship Application

*(To be filled out by Nominating Person or by the Student)*

Student's Name: \_\_\_\_\_

Student's Permanent Address: \_\_\_\_\_

\_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Student's Social Security Number: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Location of High School: \_\_\_\_\_

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

High School Grade Point Average: \_\_\_\_\_

Name of College/University Student is Currently Enrolled at (if applicable): \_\_\_\_\_

\_\_\_\_\_

Name of College/University Where Student Will Enroll Next Academic Year: \_\_\_\_\_

\_\_\_\_\_

Student's Year in College:

\_\_\_\_\_ 1<sup>st</sup> (Freshman) \_\_\_\_\_ 2<sup>nd</sup> (Sophomore) \_\_\_\_\_ 3<sup>rd</sup> (Junior) \_\_\_\_\_ 4<sup>th</sup> (Senior)

Major Field of Study: \_\_\_\_\_

Year of Expected College Graduation: \_\_\_\_\_

Type of Degree upon Graduation: \_\_\_\_\_

Any other Scholarships or Grants? \_\_\_\_\_ Yes      \_\_\_\_\_ No  
Please list names of Sponsoring Agencies:

Briefly state the reasons you feel qualify you to receive this scholarship:

I am a U.S. Citizen    \_\_\_\_\_ Yes      \_\_\_\_\_ No

Signed: \_\_\_\_\_ Date: \_\_\_\_\_