



## **CATEGORY III - SCHOLARSHIP APPLICATION**

| 1.  | Applicant's Full Name:   |
|-----|--|
| 2.  | Applicant's mailing address:   |
|     |  |
| 3.  | Applicant's email address:   |
| 4.  | Applicant's telephone:   |
| 5.  | Name, address and telephone of SWANA Member sponsor:   |
|     |  |
|     |  |
| 6.  | Sponsor's relationship to candidate:   |
| 7.  | SWANA Chapter Affiliation:   |
| 8.  | College, University, or Vocational school name, address and telephone for Faculty Advisor:   |
|     |  |
|     |  |
| 9.  | Current grade point average:   |
| 10. | Please attach a one-page discussion of your views on solid waste management challenges specific to the state of Alaska and what your vision is to overcome those challenges in the future.                 |
| 11. | Please submit a short statement of your financial needs, listing any other scholarships or educational funding awarded to date for the coming year in context with estimated tuition and related expenses. |
| Siç | nature of Applicant: Date:   |
| Sic | nature of Sponsor: Date:   |



## ALASKA CHAPTĘR

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#### **Description of Completed Courses**

Information required: Course title, credit hours, grade earned, no more than 25 word description, and asterisk those courses related to solid waste management.

| Title, Credit Hours & Grade         | Description  |
|-------------------------------------|--|
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| I,                                  | verify that the above information is true to the best of |
| Applicant's Signature my knowledge. | voiny that the above information is true to the best o   |

This form may be copied if more space is needed.





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#### **Academic Achievement Awards and Honors**

Please include name of award, date of award and the name/phone# of award official or advisor.

| /Honor        | Date  | Name/phone of Official/Adviso   |
|---------------|---|---|
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| nclude name o | <u>Communi</u><br>f activity, date of invo<br>Dates | ty Activities Ivement, and the name/phone# of cod Name/phone of Coordinator |
| nclude name o | f activity, date of invo                            | Ivement, and the name/phone# of cod   |
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# <u>Extracurricular Activities</u> (Athletics, music, debate, student publications, employment, etc.)

| Please include name coordinator/employer. | of    | activity, | dates                             | involved | and | the | name/phone# | ! O |
|---|-------|-----------|-----------------------------------|----------|-----|-----|-------------|-----|
| Activity                                  | Dates |           | Name/phone of Coordinator/Employe |          |     |     | yer         |     |
|   |       |           |                                   |          |     |     |             | _   |
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