

APWA Scholarship Fund

The Mississippi Chapter of the American Public Works Association established its scholarship fund at The Community Foundation of Greater Jackson in 2000. The fund will honor a full-time junior or senior at a public university in Mississippi studying to enter the field of public works. The student must have been graduated from high school in Mississippi. "Public works" is generally the municipal or county governmental agency or department which administers projects such as road building, storm water retention, lot clearing, street lighting, engineering review of construction site plans and other duties. Those entering this profession most often study engineering and eligible majors include civil engineering, electrical engineering, public administration, environmental engineering, biology and chemistry. This award is based both on merit and need.

How to Apply: If a student meets the above stated eligibility criteria, he/she must submit the following:

- Community Foundation of Greater Jackson scholarship application form
- A personal statement of interest and need; state how you plan to make a difference in your community.
- A letter of recommendation from an official at your school or a leader in your community.
- Financial aid information verified via the University or College Financial Aid Officer.

Selection Criteria:

The selection committee for the APWA Scholarship will select finalists who meet the application deadline and stated selection criteria.

COMMUNITY FOUNDATION of GREATER JACKSON

APWA SCHOLARSHIP APPLICATION Community Foundation of Greater Jackson Scholarship Application Application Deadline: April 13, 2017

Mail or email completed application and supporting materials to:
Community Foundation of Greater Jackson/ Scholarships
525 East Capitol Street, Suite 5B
Jackson, MS 39201
info@cfgj.org

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____
Name: _____

First Middle Last

Permanent Address: _____
Address

City State Zip

Temporary Address: _____
Address

City State Zip

Phone Number: _____ Alternate Number: _____

E-mail: _____ County and State of Residency: _____

Parent(s)/Guardian(s) Names: _____

Class level entering school year 2016-17 (check one): F So Jr Sr Grad.

Declared (or intended) major: _____ Minor: _____

Degree pursuing (check one): AA AS BA BFA BS Other: _____

Planned date of college graduation (MM/YY): ____/____

Status (check one): Full-time Part-time

Will you attend for the full academic year (check one)? Yes No

If no, which terms/semesters will you not attend and why? _____

(If applicable complete information below)

High school: _____
Name Address City State Zip

High school graduation date: _____ Principal's name: _____

Current GPA (based on a 4.0 *unweighted* scale): _____

College entrance exams: ACT: ____ / ____ SAT: ____ / ____
Composite/Percentile Composite/Percentile

Educational institution you are attending: _____
Name

Address City State Zip Phone

Where will you live next year (check one)? On campus Off campus parents

Activities Form

Using only the spaces provided below, please list all extracurricular, community and personal activities in which you have participated in the last three years as well as activities planned for the current year. Include clubs, debate, school sports, student government, fine arts, volunteer work, youth programs, athletic programs, music, scouting, etc.

<input type="checkbox"/> High School <input type="checkbox"/> College Extracurricular Activities	Participation by year				Positions Held: Identify Participant or Leadership Level or Position
	Fr	So	Jr	Sr	
Work Experience	Dates Employed				Title

*****Do not attach additional resumes, lists, etc. *****

Financial Form

Social Security Number: _____ - _____ - _____

Name: _____

First

Middle Initial

Last

Please complete this form using information from your and your parents' 2016 Federal Income Tax Return. (If taxes have not been filed by the time you are completing this app, please use estimated numbers.) If you are a **dependent** student, complete the parental information. You are a dependent student if you are under 24 years of age and **are none** of the following: (1) a ward of the court; (2) married and living away from your parents; (3) have not been claimed by your parents for two consecutive years and have earned at least \$4,000 in each of those two years; (4) served in the military. If you are an **independent** student, information about you and your spouse must be included. If you are an independent student, you do not need to supply information from your parents. Financial information provided will remain confidential and be viewed only by Foundation staff and scholarship selection committee members.

I am using actual numbers from my 2016 tax return. (check and enclose a copy)

I am using estimated numbers. (check, we will ask for verification)

I am: Dependent (complete both columns) Independent (student column only)

	Student	Parent
1. Adjusted gross income	\$ _____	\$ _____
2. Total U.S. income tax paid	\$ _____	\$ _____
3. Income earned from work by:		
self	\$ _____	\$ _____
spouse	\$ _____	\$ _____
4. Untaxed income and benefits (Child support, AFDC, ADC, SSI, etc.)	\$ _____	\$ _____
5. Cash, savings, stocks, bonds, CDs, etc.	\$ _____	\$ _____
6. Net value of real estate holding not used as primary residence and not business or farm (market value less mortgage balance)	\$ _____	\$ _____
7. Net value of business or farm	\$ _____	\$ _____
8. Total number of family members (If you are dependent, your parents' family members. If independent, you, your spouse and children.)	_____	_____
9. Total number of family members who will be attending college at least half-time during the next academic year. (If dependent, your parents' family members. If independent, you, your spouse and children.)	_____	_____
10. List any other sources of aid for which you have been approved (including scholarships and grants, names and amounts): _____		

Additional information (mark one):

Parents' current marital status: single married separated divorced widowed

Your current marital status: single married separated divorced widowed

If you and your family have unusual circumstances, please explain them below. Examples: tuition expenses at elementary or secondary school; family member recently unemployed; unusual medical expenses not covered by insurance; other circumstances that affect income (*Use additional sheet if necessary*). _____

Selection and Certification Sheet

Mississippi Chapter of the American Public Works Association Scholarship Fund

Publicity

If selected as a scholarship recipient, the applicant's name, hometown, school, field of study, activities, awards/honors and other non-confidential information will be released to the media to publicize the award. The recipient will also be asked to provide a photograph for issuance with the press release(s). Please provide your local media information below.

Primary newspaper: _____ Television station: _____
Address: _____ Address: _____

Certification

I (we) certify that all the information in this packet is true and complete to the best of my (our) knowledge. If asked by any authorized official of the Community Foundation of Greater Jackson, I (we) agree to provide documentation for information given on these forms. I (we) realize that failure to comply with a request for further information may prevent the applicant from receiving any aid. All required attachments are included. The applicant certifies that any essays or personal statements attached are his or her own works and, to the best of his or her knowledge, correct. The applicant further grants permission for the Foundation to release non-confidential information to the media should he or she be selected as a scholarship recipient.

Applicant's Signature: _____ Date: ____/____/____

Parent or Spouse's Signature: _____ Date: ____/____/____