AWEA
ARKANSAS WATER ENVIRONMENT ASSOCIATION

WILLIAM M. THROOP
MEMORIAL SCHOLARSHIP
Application Form

To be considered for the AWEA William M. Throop Memorial Scholarship, please answer the questions listed below. Send all responses and supporting documentation to info@awea-ar.org

Eligibility

1. Must be an Arkansas resident.
2. Must be enrolled in an Arkansas two- or four-year college or university or the Arkansas Environmental Academy.
3. Applicants already attending a college or university must have a cumulative grade point average of at least 3.0 on a 4.0 scale on course work that applies toward graduation requirements. Course work that does not apply toward graduation requirements will not be considered.
4. Special consideration shall be given to those candidates who are in their junior or senior year of academic studies in a four-year college or in the second year of an associate degree program.
5. Special consideration shall be given to those candidates who major in a field pertaining to the protection of water resources.
6. Family members of AWEA members shall be considered first for scholarship awards.

Applicants

1. Submit a 500-to-600 word essay reflecting your career interests, objectives, how you envision using your education history, extracurricular activities, and an explanation of your financial need.
2. Submit a current copy of high school or college transcript.
3. Submit a letter of recommendation from your academic advisor or other appropriate official attesting to your course of study and other aspects of the application.

Applicant Information

Name:

_____

Address:

_____

_____

Telephone Numbers:

_____

_____

Age:

_____

Parent Information

Father's Name:

_____

Father's Employer:

_____

Mother's Name:

_____

Mother's Employer:

_____

WEF/AWEA Member: _____

WEF Membership Number:

_____

High School Information

High School:

_____

Date of HS Graduation:

_____

Location:

_____

Schools Attended After High School

Name: _____

School you plan to attend:

_____

Major: _____

Location: _____

Date of Enrollment: _____