

WEB WATER SCHOLARSHIP PROGRAM APPLICATION 2015 –2016

1. **Name of Student:** _____
First Name Last Name
2. **Social Security No.:** (To be provided if selected) **Age:** _____ **Birth Date:** _____
3. **Mailing Address:** _____
House Number and Street or P.O. Box Number

City State Zip Code
4. **Parent or Guardian:** _____
First Name(s) Last Name(s)

Address City State Zip Code
5. **Home Phone (parent/guardian):** _____ **Student Phone:** _____
6. **Home Email:** _____ **Student Email:** _____
7. **WEB Water Consumer Number:** _____ (found on WEB Water bill in pink box)
OR
WEB Water Town or Bulk User Customer Name: _____
8. **Name of High School:** _____ **Graduation Date:** _____
9. **Name and mailing address of the accredited institution of higher learning you plan to enroll in:**

10. **If you know at this time, list the course of study you plan on taking:** _____
11. **Are you a U.S. Citizen?** [] Yes [] No
12. **Male** [] **Female** []
13. **Do you give permission to publish your photo?** [] Yes [] No

Student's Signature

Date

Parent or Guardian's Signature

Date