WEB WATER SCHOLARSHIP PROGRAM APPLICATION

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. **Do you give permission to publish your photo? [ ] Yes [ ] No**

_____ _____

Student's Signature Date Parent or Guardian's Signature Date