



## 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. Applicants must have graduated from a high school in Mississippi. This award is based both on merit and need.

**Required materials:** Scholarship Selection/Certification Form, Application, Activities Sheet, Financial Form (with tax return), Transcript.

*2009 Award: One scholarship, \$1,000*

*Apply in January 2010 for 2010 award.*

## Application Checklist

**Application Guidelines:** Carefully read this entire packet to ensure your application form and other forms are complete and accurate. Please review the items noted below to verify that all required forms are included.

( ) Scholarship Selection and Certification Form (Page One): Make sure you have checked the appropriate scholarship box and have signed the certification. If you are a dependent student (see financial form for definition), a parent must co-sign the application. If an independent but married student, your spouse must co-sign.

( ) Completed Scholarship Application

( ) Activities Form: Do not attach a resume or additional pages; use only the page provided.

( ) Official Transcript: Please enclose official transcript from your school which include grades for the most recently completed semester.

( ) Financial Form: Complete and mail with all other application materials. Include a copy of your (and/or your parents') most recent IRS Form 1040 if required for the specific scholarship -- see above descriptions.

# Selection and Certification Sheet

---

## Scholarship Selection

### Mississippi Chapter of the American Public Works Association Scholarship Fund

Full-time junior or senior at Mississippi public university studying to enter the public works field.

---

## 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. If the scholarship committee must consider financial need, permission is granted for the applicant's school to release information on financial aid awarded. 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: \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_\_





# Financial Form

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_

First                      Middle Initial                      Last

Please complete this form using information from your and your parents' most recent Federal Income Tax Return. If the return for the current year has not yet been filed, estimated numbers may be used.

**Dependent** students please complete both the student and the parent information sections. Students are considered dependent if they 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.

**Independent** students complete only the student information section, Include your information only (and your spouse if you are married), your parents' information is not required.

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 2009 tax return. ( ) (enclose a copy)

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

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

	<b>Student</b>	<b>Parent</b>
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 holdings not used as primary residence, business or farm (market value less mortgage balance)	\$ _____	\$ _____
7. Net value of business or farm property	\$ _____	\$ _____
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:

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.

---



---



---