

WEB WATER SCHOLARSHIP APPLICATION

1. Applicant name: _____
First Middle Initial Last

2. Date of birth: _____ Age: _____ (Please note: SSN will be required if selected.)

3. Mailing address: _____
Address City State Zip

4. Student phone number: _____ Email: _____

5. Are you a US citizen? ☐ yes ☐ no

6. Do you give permission to publish your photo? ☐ yes ☐ no

7. Name of high school: _____ Graduation date: _____

8. Name and mailing address of the accredited institution of higher education you plan to enroll at:

Name of Institution Course of Study

Address City State ZIP

9. Parent or Guardian: _____
First Name(s) Last Name(s)

Address City State ZIP

10. Parent/Guardian phone number: _____ Email: _____

11. WEB Water Account Number (found on WEB bill in pink box): _____

OR

WEB Water Town/Bulk User mailing address: _____
Address City State ZIP

12. How did you hear about the WEB Water Scholarship? _____

Applicant Signature Date

Parent/Guardian Signature Date