



California Groundwater Association

Scholarship Application

The California Groundwater Association (CGA) seeks candidates for \$2,000-\$4,000 scholarships. At least one scholarship is awarded to a recipient who demonstrates an interest in some facet of groundwater technology. Another scholarship in a non-water field of study may be awarded to an individual who is related to a CGA member.

When funds are available, a memorial scholarship shall be awarded to a CGA member.

1. Applications for groundwater-related scholarships will be accepted from any person pursuing a major course of study in groundwater.
2. Applications for general field of study scholarships will be accepted from any person who has a family affiliation with a member of the California Groundwater Association (including employees of business members).

Applications for a Memorial Scholarship will only be accepted from any person who has a family affiliation with a member of the California Groundwater Association (including employees of business members).

3. Applicant must be a California resident and must show proof of current admission or entry acceptance at an educational institution within 8 months of scholarship award.
4. Grade point average to enter and retain eligibility shall be that grade point average required by the educational institution in its scholarship program.
5. Applicants must provide a 500-word essay demonstrating their interest in groundwater technology or their chosen field of study.
6. Letters of recommendation from any of the following: professor, teacher, employer, etc. are highly valued in the review process.
7. Applications will be judged on a matrix system by the CGA Scholarship Committee which is appointed by the Board of Directors annually.
8. Funds are given to the institution's scholarship fund in the recipient's name.

For more information or to request an application contact us:

California Groundwater Association
1017 L Street, PMB #312
Sacramento, CA 95814
Phone (916) 231-2134
Fax (614) 898-7791

California Groundwater Association

Scholarship Fund Application Form

| Contact Information | | |
|---------------------|---------------|------|
| Date of Submission: | Contact Name: | |
| Mailing Address: | | |
| City: | State: | Zip: |
| Email: | Phone: | Fax: |

| Scholarship Requested: (Check One) | |
|---|-------------|
| <input type="checkbox"/> Water Related | List Major: |
| <input type="checkbox"/> General Field of Study | List Major: |

*** For General Scholarships, List CGA Member and their Family Affiliation to the Applicant ***

| Family Affiliation: | |
|---------------------------|----------------|
| CGA Member Name: | Business Name: |
| Affiliation to Applicant: | |

| High School Education History | | |
|---|--------|------|
| Have you in the past or are you presently attending college, jr. college, or trade school? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| School Name: | | |
| Address: | | |
| City: | State: | Zip: |
| Courses Studied: | | |
| Grade Point Average (Include transcript in application): | | |
| List Schools you would enroll in if awarded a CGA Scholarship: | | |
| | | |

High School Education History

Name of School:

Address:

City:

State:

Zip:

Did you graduate? Yes No

GPA upon graduation:

SAT Score:

Clubs and Extracurricular Activities:

Awards and Recognition Received:

Employment Background

Company 1 Name:

Address:

City:

State:

Zip:

Employed From: _____ to _____

Position:

Company 2 Name:

Address:

City:

State:

Zip:

Employed From: _____ to _____

Position:

Company 3 Name:

Address:

City:

State:

Zip:

Employed From: _____ to _____

Position:

Hobbies, Special Interests, and Skills:

Other Organizations you are Involved in Outside of School:

Awards and Recognition Received, or Nominations:

Please give a Brief Description of your Goals and Ambitions:

| | |
|---|--|
| How did you Hear About the CGA Scholarship? | |
| | |
| Were you Familiar with CGA Prior to your Application? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, How? | |
| | |
| How do you plan on Funding your Higher Education? <input type="checkbox"/> Parental Assistance <input type="checkbox"/> Scholarships <input type="checkbox"/> Grants <input type="checkbox"/> Other _____ | |

| | |
|---|--------|
| If under 18, Parent or Guardian Signature is Required: | |
| Parent Name: | Date: |
| Address: | |
| City, State, Zip: | Phone: |
| Signature: | |
| | |

Please enclose your essay, any letters of recommendation, and a copy of your high school and/or college transcripts.

Please Send your Application to:

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