



SCHOLARSHIP APPLICATION FORM

GENERAL RULES & ELIGIBILITY REQUIREMENTS

General Rules:

1. Sharyland Water Supply Corporation Scholarship Applications are available at www.sharylandwater.com or at our offices located at 321 S Shary Blvd., Alton, Tx 78573.
2. Scholarships are available for High School graduating seniors in the amount of \$2,000.00.
3. Scholarships must be utilized for the scholastic year for which it was awarded.
4. Scholarship funds will be given directly to the recipient – 50% (\$1,000.00) upon proof of enrollment for Fall semester, and then the remainder (\$1,000.00) upon proof of satisfactory completion of Fall semester and proof of enrollment in Spring semester.
5. All scholarship awards are subject to confirmation that the recipient is in compliance with all rules, and that all eligibility requirements have been met.
6. Applications will be evaluated on a comparative basis at the sole discretion of the Sharyland Water Supply Corporation Scholarship Committee. Decisions of the Scholarship Committee will be final.
7. Application materials and decisions of the Scholarship Committee shall be confidential.
8. Acceptance of scholarship constitutes permission by Sharyland Water Supply Corporation to promote the name and/or likeness of scholarship winners and their parents/guardians (attached SWSC Child Photo Parental Release Form must be completed and turned in with the application).
9. Sharyland Water Supply Corporation reserves the right to revise or withhold the award of any or all scholarships offered upon agreement of the committee members.
10. Applications must be completed in full, with all required supporting documentation included. Applications that are submitted incomplete will not be processed.

Eligibility Requirements:

1. Parents or Legal Guardian of applicants must have a minimum of one-year membership with SWSC at the application deadline date or graduating high school seniors of SWSC fulltime employees/staff are eligible to apply for this program.
2. Scholarships are to be granted to attend an accredited program of higher learning located anywhere in the United States and is limited to undergraduate studies.
3. Applicants must be of good character as shown by at least three letters of recommendation from teachers, principals, counselors, mentors, etc.
4. Finalists may be called back for an interview by the scholarship committee at a date to be announced.
5. Applications must be received no later than 4:00 pm on January 31, 2024. The winners will be notified prior to the Sharyland Water Supply Corporation Annual Membership Meeting on March 29, 2024, at which time the winners will be announced. Attendance at this meeting by scholarship winners is mandatory.

Recipient Requirements/Expectations:

1. Recipient must maintain at least a 2.5 cumulative GPA on a 4.0 scale and carry a minimum of 12 hours per semester or be considered by the registrar to be a full-time student.
2. Recipients must provide a copy of their official transcript at the end of the fall semester to Sharyland Water Supply Corporation before award funds can be released for the next semester.



APPLICANT INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Home Phone: _____ Cell Phone: _____

Email Address: _____

Last 4 Digits of SSN: _____ Date of Birth: _____

EDUCATION

High School: _____

Address & Phone Number: _____

GPA (on a 4.0 or 100 scale): _____ Class Rank: _____

ACT Score: _____ -OR- SAT Score: _____

Which college, university, technical, or other post-secondary educational institution are you planning to attend?

Have you been accepted for admission? YES NO

EXTRA-CURRICULAR ACTIVITIES / AWARDS

Please list any extracurricular activities that you have participated in during high school. Please attach additional sheets if needed.

Organization	Activity / Position	Years

List any honors, recognitions, or awards that you may have earned or received during high school. Please attach additional sheets if needed.

Honor / Recognition / Award	Year Received

COMMUNITY INVOLVEMENT

Please list any community involvement in which you participated during high school. Please attach additional sheets as needed.

Activity	Years	Hours

Total Number of Hours:	
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EMPLOYMENT EXPERIENCE

Employer	Position Held	Employment Dates / Hrs. Worked Per Week

ESSAY

There are many career pathways high school graduates will be exposed to. Why should you be admitted to a particular institution of higher learning? How will your career interest impact your community? Do you have other goals or achievements outside of your community? Keep in mind that good things are difficult to learn. Your response must be well written in essay format, 12 point Roman and no longer than 500 words. Please attach the essay to this application.

CERTIFICATION STATEMENT

In submitting this application, we certify that the information provided in this application is complete and accurate to the best of our knowledge. We have read and understand the Student Scholarship Eligibility Requirements. If awarded a student scholarship, all funds received shall be used to attend the institution of higher learning indicated in this application. False information submitted as part of this application will result in the disqualification from consideration and/or the revocation of any scholarship granted.

Applicant Signature:		Date:	
Parent/Legal Guardian Signature:		Date:	

ATTESTATION OF MEMBERSHIP STATUS

We certify that we are the account-holder(s) / member of record for the account shown below. We understand that false information regarding membership status will result in the disqualification of the applicant from consideration and/or the revocation of any scholarship granted.

SWSC Account #: _____

Member Name: _____

Relationship of Applicant to Member: _____

Applicant Signature:		Date:	
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Parent/Legal Guardian Signature:		Date:	
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APPLICATION CHECKLIST

- Application form complete in full (including essay submission and SWSC Child Photo Parental Release Form)
- Official High School Transcript
- Copy of ACT and/or SAT scores
- Three letters of recommendation pertaining to the SWSC scholarship
- Copy of SWSC water bill

All applications must be submitted by 4:00 PM on January 31, 2024. Completed applications and all supporting documents as shown above should be submitted in a sealed envelope to:

Sharyland Water Supply Corporation
P. O. Box 1868
Mission, TX 78573

If you have any questions regarding the scholarship process, please contact Ms. Sandra Gonzalez at (956) 271-1825 and/or email at sgonzalez@sharylandwater.com.



Photograph, Movie Film, Videotape, Digital Images, and/or Sound Recording
AUTHORIZATION AND RELEASE for MINOR CHILDREN

I, _____ am the
(print parent/guardian name)

parent/guardian of _____ ("My Child").
(print name and age of child)

I hereby grant the Sharyland Water Supply Corporation, its legal representatives, agents, successors, or assigns, the absolute right and permission to use any photographs, movie films, digital images, videotapes, and/or sound records, or any part thereof, of My Child or in which My Child may be included, in whole or in part, for any lawful purpose, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content such as any Sharyland Water Supply Corporation publication or on Sharyland Water Supply Corporation websites, whether or not in conjunction with My Child's name, without pay or any other consideration to myself or My Child.

I hereby release, discharge, and hold harmless Sharyland Water Supply Corporation and its employees from any and all claims, causes of action, and demands of whatsoever nature, including but not limited to any claims of libel, or invasion of privacy, I or My Child have or may have by reason of this authorization and release or use of My Child's photographs, movie films, digital images, videotapes, and/or sound recordings, or any part thereof depicting My Child.

I hereby waive any right that I may have to inspect and/or approve the finished product wherein My Child's likeness appears or the use to which it may be applied.

I hereby warrant that I have read the above authorization and release, prior to its execution, and that I am fully familiar with the contents thereof. I represent that I am at least 18 years of age and am fully competent to sign this release.

- Consent: I hereby certify that I am the parent or guardian of the above-named child and do hereby give my consent without reservation to the foregoing on behalf of My Child.
Non-Consent: I hereby certify that I am the parent or guardian of the above-named child and do not give my consent without reservation to the foregoing on behalf of My Child.

Date

Print address

Event/location

Print telephone number

Parent/Guardian Signature