

**MISSISSIPPI "MAGNOLIA" CHAPTER
SOLID WASTE ASSOCIATION OF NORTH AMERICA**

SCHOLARSHIP SPONSOR FORM

SWANA Member Information:

Name: _____

Member ID Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Applicant Information:

Applicant's Name: _____

Relationship to applicant:

Parent/Grandparent Sponsor

I _____ certify that I am a Mississippi SWANA
(Sponsor's Name)

Member in good standing and recommend _____ for
(Applicant's Name)
consideration for a SWANA Scholarship.

Signature: _____ Date: _____