



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



MICHAEL CAPLES MEMORIAL SCHOLARSHIP APPLICATION

PERSONAL INFORMATION

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email: _____

Parent/Guardian Name: _____

SWANA Sponsor Name: _____

****[Attach Sponsor Form]**

SCHOOL INFORMATION

Section 1 – All students complete.

Name and Address of High School: _____

Year Graduated: _____

Principal's Name and Phone Number: _____

Counselor's Name and Phone Number: _____

****[Attach Certified H.S. Transcript]**

Name and Address of higher learning institution selected.

School: _____

Address: _____

****[Attach Letter of Acceptance]**

Career Objective/Major Selected: _____

Why did you choose this career, and how will it assist in efforts to improve management of solid waste?

Section 2 – For students having completed at least one year of college.

Name and Address of institution at which most recent year completed:

School: _____

Address: _____

Upcoming year of study: Sophomore____ Junior____ Senior____

GPA for most recently completed year: _____

****[Attach Certified College Transcript]**

Are you continuing your education at this same institution? Yes____ No____

If not, provide new learning institution information:

School: _____

City: _____

Applicant Photo

****[Attach Headshot of Applicant (professional photo not required)]**

ESSAY

On next page, answer the following in 500 words or less:

Why should SWANA choose to honor you with a scholarship?

I certify that the information on this application is true to the best of my knowledge. I hereby give permission for this information to be released to the Mississippi SWANA Scholarship Committee.

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

CHECKLIST FOR COMPLETE APPLICATION SUBMITTAL:

- | | |
|--|---|
| <input type="checkbox"/> Application Form | <input type="checkbox"/> Sponsor Form |
| <input type="checkbox"/> Essay Response | <input type="checkbox"/> Certified copy of High School Transcript |
| <input type="checkbox"/> Resume | <input type="checkbox"/> Certified copy of College Transcript (if applicable) |
| <input type="checkbox"/> Copy of ACT Score | <input type="checkbox"/> Headshot of Applicant |

