

# The Florida Ground Water Association's John Kriska Memorial Scholarship Fund

## APPLICATION AND REQUIREMENTS

The FGWA scholarship fund is established to provide tuition only, to be distributed annually. The Board of Directors has established the following criteria for consideration and selection:

*Applicants for consideration must:*

1. Be a member, spouse of a member, son, daughter or legal dependent, or grandchild of an FGWA voting member (the FGWA member must have been a member in good standing for the past three years);
2. Have a 2.0 overall GPA through current school work;
3. Be a full-time degree-seeking student;
4. Submit a photo of applicant suitable for reproduction;
5. You may apply multiple times, however first and second time applicants will take preference.
6. APPLICANTS INTENDING TO PURSUE A WATER WELL RELATED PROFESSION WILL BE GIVEN FIRST PRIORITY.
7. Send this application along with a copy of applicant's transcript and all required information to the FGWA office by July 1st.

Applicants meeting these requirements will be considered at the summer Board meeting. The scholarship committee will weigh the applications, using the GPA and other information from the application, and make a recommendation to the Board for a decision. Applicants not meeting the above-stated minimum requirements need not apply as they shall not be considered.

## SCHOLARSHIP APPLICATION

1. Applicant Name: \_\_\_\_\_ Age: \_\_\_\_\_

2. Address: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Relationship to FGWA member: \_\_\_\_\_ Name of Member \_\_\_\_\_

4. College you wish to attend: \_\_\_\_\_

5. Field of study: \_\_\_\_\_

Why chosen: \_\_\_\_\_

6. High School/Address: \_\_\_\_\_

Year graduated \_\_\_\_\_ Class Standing \_\_\_\_\_ Current GPA \_\_\_\_\_

Major subjects \_\_\_\_\_

Clubs, Activities, Offices held, etc. \_\_\_\_\_

7. Are you presently employed? \_\_\_\_\_ Part-time \_\_\_\_\_ Summer \_\_\_\_\_

8. Have you been accepted by an accredited college as a new student or are you currently enrolled?

Give details: \_\_\_\_\_

9. How are you planning to obtain your college education if you do not receive one of our scholarships?

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send to: **FGWA Scholarship Fund, 325 John Knox Rd Ste L103, Tallahassee, FL 32303**  
or fax to **(850) 222-3019**. Please call **(850) 205-5641** for questions.

**Application must be received in FGWA offices no later than July 1<sup>st</sup>.**