



SDWWA Annual Memorial Scholarship- Application and Criteria

1. Provide documentation of acceptance/enrollment in a post-secondary educational institution from registrar of the institution.
2. The Parent/Step-parent/Legal Guardian of applicant must be a member of SDWWA for 3 of the past 5 years, including the year of application.
3. Applications must be received between September 15th – March 15th preceding year of award.
4. The Scholarship Committee shall consider all applications and announce the scholarship winner at the Annual Conference in September.

Please print legibly

Date of Application: mm/dd/yyyy

Name and address of applicant:

Email address:

Phone number:

Parent of applicant: name/address

Phone number:

Parent has been a member of
SDWWA for 3 of the past 5 years,
including year of application
→ See item # 2 above

_____ Answer yes or no

Name of post-secondary
Educational Institution

Location (city and state) of
post-secondary
Educational Institution

Signature of Applicant:

Signature of Applicants parent
who is a member of SDWWA

The scholarship committee will verify all information.

Please print this form, fill it out, and mail to the following address:

Jim Zeck, Chairman
SDWWA Memorial Scholarship Committee
SDARWS
203 W. Center St.
Madison, SD 57042