

**CONFIDENTIAL APPLICATION FOR
THE MASSACHUSETTS WATER WORKS ASSOCIATION
JAMES J. MATERA SCHOLARSHIP AWARD**

(PLEASE TYPE OR PRINT)

1. Legal name in full: _____
First Name Middle Name Last Name

Home Address: _____
Street and Number

_____ City or Town State Zip

School Address: _____
Street and Number

2. Date of birth: _____

3. Father's name in full: _____

4. Mother's name in full: _____

5. Name of last secondary school: _____

Date of graduation: _____

6. Name of present college or university attended: _____

Date of entrance: _____

7. Name of any previous college attended: _____

Dates attended: _____

8. Field of concentration: _____

Candidate for which degree (if undergraduate): _____

9. Name of family member of M.W.W.A.: _____

Relationship to you: _____

10. Estimated Tuition Costs for the scholarship year:

a. Tuition:..... \$ _____

b. Room & Board:..... \$ _____

c. Other expenses (i.e. Books):..... \$ _____

Total..... \$ _____

11. Please list any additional aid that you may be receiving from federal or state government, educational trusts, foundations, and other scholarships: _____

12. Briefly list your extracurricular activities, scholarship societies, sports, tutoring of other students, community involvement, and other similar activities. (Attach extra sheet if necessary.)

13. Please describe (approximately 100 words) how you feel that the education you will be receiving can contribute to the overall improvement in the production of a public water supply system and/or the environment. (Attach extra sheet if necessary.)

14. Attach a certified copy of your scholastic record (transcript) and two letters from character references.

15. Please sign and date this application:

Signature of Applicant

Date

IMPORTANT!

Send completed application to:

**MASSACHUSETTS WATER WORKS ASSOCIATION
PO Box 4056
Westford, MA 01886**

DEADLINE: SEPTEMBER 30

MASSACHUSETTS WATER WORKS ASSOCIATION SCHOLARSHIP PROGRAM

This award was established in 1985, and is to be presented each year to undergraduate students of higher learning in number and amount to be determined with the funds available by the Scholarship Committee.

The Scholarship Committee will select recipients from applicants who meet the following eligibility requirements:

- *Applicant is a child or a grandchild of a MWWA member in good-standing for a minimum of 3 years.*
- *Applicant must be a resident of Massachusetts (but does not need to attend school in Massachusetts).*
- *Applicant cannot be a prior recipient of the scholarship.*

The cash award will be presented to recipient(s) at the Presidents Night Banquet.

The foregoing may be amended at any time by the Board of Directors at a duly called meeting by a majority vote of those present and voting.