

SWANA 2018
GRANT H. FLINT INTERNATIONAL
SCHOLARSHIP AWARDS PROGRAM

CATEGORY I

INSTRUCTIONS
AND
APPLICATION

CATEGORY I APPLICATION INSTRUCTIONS

I. Deadlines

May 1 - All completed application forms and back-up documentation must be received by the Chapter Scholarship Chairperson.

June 1 - Chapter winners forwarded to the International Scholarship Committee for review.

July/August - Announcement of International Scholarship winners.

II. Scholarship Awards

a. Eligibility

To be considered for an award, the applicant must be the son, daughter, grandson or granddaughter of a SWANA Member (hereon known as sponsor), in good standing at the time of the recommendation, the selection and the award. Category 1 scholarships are not open to Student Members. SWANA employees and members of their families are not eligible. Further, SWANA pledges to uphold the policy that all persons shall have equal access to this program, regardless of race, color, age, sex, marital or veteran status, creed, religion, or disability.

Category I applicants must be graduating high school seniors, or graduate equivalent certified candidates, who have been accepted for enrollment in a junior college or four-year college or university.

b. Awards

Three \$5,000 Category I awards may be given annually. When possible, consideration may be given to awarding one applicant east of the Mississippi River, one applicant west of the Mississippi River and one applicant from Canada. The Association reserves the right to award up to a total of \$20,000 per fiscal year in Categories I and II. If no submissions, or a lack of qualified submissions, are received in one of the two categories, the International Scholarship Committee reserves the right to make awards above and beyond the specified number in the other category with the total cash awards not to exceed \$20,000.

III. Scoring of Applicants – Graduating High School Seniors

1. Academics 50%
 - a. GPA
 - b. ACT and/or SAT Scores
 - c. Academic achievement awards/honors

- 2. Community Activities 20%
 - a. Student organization participation
 - b. Volunteer Activities
 - c. High school ROTC
 - d. Military Service

- 3. Extracurricular 20%
 - a. Athletics
 - b. Music, drama, debate, etc.
 - c. Employment

- 4. Quality of the Written Discussion 10%
 - a. Clarity and organization of the work
 - b. Grammar
 - c. Accuracy and originality

The Committee should evaluate each criterion for Category I on a scale of 1-10.

IV. Completing the Application

Each applicant will be required to submit the **completed application form with all required documentation** to the **Chapter Scholarship Chairperson** by May 1. At large candidates should submit to the **Staff Scholarship Administrator** by May 1. Required documentation includes:

1. SAT and/or ACT achievement test scores (SAT Institution Code: 7935, Name: FLINT INTRNTL SCHLR)
2. Current grade point average
3. High school transcripts
4. Documentation of acceptance to an accredited institution

The back-up documentation, *in sealed envelopes*, should be sent to the **Chapter Scholarship Committee Chairperson**, or for at-large applicants, to the **Staff Scholarship Administrator** by the institution issuing the award, grade, score, etc.

Any of the above back-up documentation provided directly from the applicant will be considered invalid except in extreme cases where written permission is granted in advance by the Staff Scholarship Administrator. Applicants have the responsibility for verifying that their back-up documentation has been received by the Scholarship Chairperson. Please leave sufficient time for the institution to process and mail your requested documentation. Be aware that if you miss the deadline (May 1) for submittal of your application and back-up documentation, you will be disqualified.

Illegible applications or applications without proper signatures will not be accepted. If more space is required to document awards, citizenship qualifications or extracurricular activities, these forms may be copied.

No more than one *at-large* application will be accepted for each category. If more than one at-large application is received, the International Scholarship Chairperson will screen the applicants.

V. SUMMARY

With this document, SWANA has attempted to outline the application requirements for the Grant H. Flint Scholarship Awards Program. We realize, however, that there will always be questions that cannot be answered on paper. If any questions or problems should arise, please feel free to call your **Chapter's Scholarship Chairperson** or SWANA Scholarship Staff Administrator **Sara Bixby at 240-494-2236** or sbixby@swana.org.

SWANA feels that the education of both students and the general public is an important step in eliminating some of our biggest solid waste management problems. Through the scholarship program, we are beginning to address the problem of educating you, the student, in the hopes of producing knowledgeable and responsible solid waste management professionals for the future. Good luck!

**SWANA
GRANT H. FLINT SCHOLARSHIP AWARDS PROGRAM
CATEGORY I APPLICATION**

1. Applicant Information

Full Name _____

Address _____

Telephone _____

Email _____

2. Sponsoring SWANA Member

Name _____

Address _____

Telephone _____

Email _____

Relationship to candidate _____

SWANA Chapter Affiliation _____

3. High School Information

Name of School _____

Address _____

Faculty Advisor _____

Telephone _____

Email _____

4. Current Grade Point Average _____

5. SAT/ACT score SAT _____ ACT _____
6. What college/university do you plan to attend? _____
7. What major are you considering? _____
8. Please have a complete transcript, SAT and/or ACT achievement test score(s) and a copy of your college/university acceptance letter mailed to your Chapter Scholarship Chair.
(Reference SAT Institution Code 7935, Institution Name: FLINT INTRNTL SCHLR)
9. Please attach a one-page discussion of your views on solid waste management: what it is, who participates, what are the current issues facing the profession, and your thoughts on its future direction.
10. Please submit a short statement of your financial needs, listing any other scholarships or educational funding awarded to date for the coming year in context with estimated tuition and related expenses. If applicable, please attach a copy of your Free Application for Financial Student Aid Student Assessment Report.

Signature of Applicant _____ Date _____

Signature of Sponsor _____ Date _____

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Academic Achievement Awards and Honors

Please include complete information for each of the awards listed. The form may be copied if more space is needed.

Award _____

Date of Award _____

Official/Advisor _____

Advisor Contact Information _____

Award _____

Date of Award _____

Official/Advisor _____

Advisor Contact Information _____

Award _____

Date of Award _____

Official/Advisor _____

Advisor Contact Information _____

Award _____

Date of Award _____

Official/Advisor _____

Advisor Contact Information _____

Academic Achievement Awards and Honors (continued)

Award _____

Date of Award _____

Official/Advisor _____

Advisor Contact Information _____

Award _____

Date of Award _____

Official/Advisor _____

Advisor Contact Information _____

Award _____

Date of Award _____

Official/Advisor _____

Advisor Contact Information _____

Award _____

Date of Award _____

Official/Advisor _____

Advisor Contact Information _____

I, _____, verify that the information above is true to the best of my knowledge.

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Citizenship Qualifications

(volunteer efforts, high school ROTC, military, other efforts extending beyond the school)

Please include the name of the activity, the dates (or years) you were involved, and contact information for the coordinator for each effort. The form may be copied if more space is needed.

Activity _____

Participation Dates _____

Event Coordinator Name _____

Contact Information _____

Activity _____

Participation Dates _____

Event Coordinator Name _____

Contact Information _____

Activity _____

Participation Dates _____

Event Coordinator Name _____

Contact Information _____

Activity _____

Participation Dates _____

Event Coordinator Name _____

Contact Information _____

Citizenship Qualifications (continued)

Activity _____

Participation Dates _____

Event Coordinator Name _____

Contact Information _____

Activity _____

Participation Dates _____

Event Coordinator Name _____

Contact Information _____

Activity _____

Participation Dates _____

Event Coordinator Name _____

Contact Information _____

Activity _____

Participation Dates _____

Event Coordinator Name _____

Contact Information _____

Activity _____

Participation Dates _____

Event Coordinator Name _____

Contact Information _____

I, _____, verify that the information above is true to the best of my knowledge.

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Extracurricular Activities

(athletics, music, debate, student newspaper, student government, employment)

Please include the name of the activity, the dates (or years) you were involved, and contact information for the coordinator for each effort. The form may be copied if more space is needed.

Extracurricular Activity _____

Activity Dates/Years _____

Coordinator/Coach Name _____

Contact Information _____

Extracurricular Activity _____

Activity Dates/Years _____

Coordinator/Coach Name _____

Contact Information _____

Extracurricular Activity _____

Activity Dates/Years _____

Coordinator/Coach Name _____

Contact Information _____

Extracurricular Activity _____

Activity Dates/Years _____

Coordinator/Coach Name _____

Contact Information _____

Extracurricular Activities (continued)

Extracurricular Activity _____
Activity Dates/Years _____
Coordinator/Coach Name _____
Contact Information _____

Extracurricular Activity _____
Activity Dates/Years _____
Coordinator/Coach Name _____
Contact Information _____

Extracurricular Activity _____
Activity Dates/Years _____
Coordinator/Coach Name _____
Contact Information _____

Extracurricular Activity _____
Activity Dates/Years _____
Coordinator/Coach Name _____
Contact Information _____

Extracurricular Activity _____
Activity Dates/Years _____
Coordinator/Coach Name _____
Contact Information _____

I, _____, verify that the information above is true to the best of my knowledge.