

## The Jeff Swanson Memorial Scholarship

### **The Oregon Association of Water Utilities Scholarship – 2021**

Jeff Swanson passed away on July 4, 2009, from esophageal cancer. Mr. Swanson was an accomplished and passionate Circuit Rider and Programs Manager for ten years at OAWU. Upon completing college with an emphasis in environmental studies, Jeff worked in the water industry for most of his adult life. He was a great water operator, manager, troubleshooter, treatment plant operator, instructor and above all, a great friend. Jeff had a marvelous, warm and memorable personality with exceptional integrity, personal character and work ethics. He believed that work is good for the body and that mental stimulation and activity is great for the mind. It is to Jeff Swanson's memory that this scholarship is named, as he believed that obtaining instruction and training were paramount to a person's success and ability and encouraged people regularly to obtain such. As Jeff would often say regarding one's attitude and actions, "Choose to make it a great day!"

---

Please review all application rules. Rules are located on the last two pages of this application. Application must be typed – All questions must be completed and typed. If an answer is not applicable, please note "not applicable" or "N/A." Any question(s) or information left blank will result in application being disqualified. Upon completing this form: print, sign and mail it to: OAWU JS Mem. Scholarship Committee, 935 N Main Street, Independence, OR 97351.

Deadline Due Date: January 31, 2021 for the 2021 award year (2021/2022 Academic Year).

#### Personal Data of Scholarship Applicant

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Telephone \_\_\_\_\_  
Composite ACT/SAT Scores \_\_\_\_\_

OAWU Regular Member System Information

Member System Name \_\_\_\_\_  
Member System Phone \_\_\_\_\_  
Member System Email \_\_\_\_\_

Member System- Employee

Name \_\_\_\_\_ Job Title \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Parent email: \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_

High School Data (To be completed by high school seniors and first time applicants)

School Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Graduation Date \_\_\_\_\_ Grade Point Average \_\_\_\_\_  
Transcript must be submitted with application.  
Class Rank \_\_\_\_\_ Number of Students in Class \_\_\_\_\_

College/University Data

Is this your first year of higher education?  
 Yes (If “Yes” skip to College/University Name)  
 No (If “No”, the most recent college transcript required)  
If “No”, credit hours completed \_\_\_\_\_  
Number of credit hours required to graduate \_\_\_\_\_  
College Grade Point Average \_\_\_\_\_  
College/University Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please indicate one:

- 4 Year College/University
- 2 Year Community/Junior College
- Vocational Technical School
- Graduate School

Major Course of Study \_\_\_\_\_



### Certification

This application is open to any OAWU Regular Member (in good standing) full or part time employee or employee dependent. In submitting this application, we certify that the information provided is complete and accurate to the best of our knowledge. False or inaccurate information shall result in the revocation of any scholarship granted. Student recipient must be 26 years old or less on September 1 of scholarship award year.

Applicant's Signature X \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature X \_\_\_\_\_ Date \_\_\_\_\_

(Must be the signature of an OAWU Regular Member system employee)

### Official Rules

- 1.) This one-time award of up to \$1,500 will be made to a student to help defray the cost of tuition, books, and/or room and board at an accredited institution of higher learning approved by the Oregon Association of Water Utilities (OAWU).
- 2.) This is a one-time/single award scholarship.
- 3.) Disbursement of the money will be made upon presentation of winner's college or university invoice as proof of full-time enrollment.
- 4.) The scholarship money will be paid directly to the student in full upon notification of award and proof of full time enrollment.
- 5.) The scholarship will be awarded to a qualified child or stepchild of a parent currently employed at a system or city which is an OAWU Regular Member in good standing.
- 6.) In order to be eligible for a scholarship within the application year, applicants must complete this form in its entirety by answering all questions and submitting all required paper work. This application must be type-written. Hand written applications will be disqualified.
- 7.) If an item is not applicable, please place an N/A in the blank.

8.) Upon completion, return to the OAWU JS Mem. Scholarship Committee by the entry deadline.

9.) All applications will be first screened on the basis of leadership responsibilities in community and school activities as well as grade point average.

10.) The scholarship recipient will be selected on the basis of the number, length of commitment, and quality of leadership responsibilities in community and school activities, awards, honors, academic record, and career goals.

11. Applicants will be evaluated on a comparative basis at the sole discretion of the committee.

12. Decisions shall be final.

13. Application material and decisions of the committee shall be confidential.

14. Acceptance of scholarship constitutes permission to use recipients name and/or likeness for purpose of promotion.

15. Prior to award of scholarship should the parent of the scholarship award candidate leave the employment of the OAWU Regular Member system or city for any reason, the student will no longer qualify for the award.

Print and complete this application and mail along with all documentation to:

Attention:  
OAWU JS Mem. Scholarship Committee  
935 N. Main St.  
Independence, OR 97351