

2024 CCID WATER AWARENESS SCHOLARSHIP APPLICATION FORM

DUE: Friday, March 22, 2024 by 5:00 p.m.

Student's Name: _____

Student's Address: _____

Phone Number: _____ E-mail address: _____

Father's Occupation: _____ Where Employed: _____

Mother's Occupation: _____ Where Employed: _____

High School Attending: _____ Graduation Date: _____

Honors and Awards: _____

Offices held in class or school organizations: _____

Record of participation in extracurricular school activities: _____

Community or area services you have performed: _____

Name and relationship of family member who owns or farms in CCID or one of the other Exchange Contractors water agencies (for applicants who are graduating from high school outside the service area):

Institution you plan to attend: _____

Your major education goal and vocation: _____

Have you already made your application and been accepted to the school? _____

List of sources you contacted for information for the essay: _____

The applicant hereby authorizes high school representatives to release transcripts to the CCID Scholarship Committee if requested. Permission is granted to the Committee to publish and/or duplicate the essay submitted by the applicant, either in whole or in part.

Date

Signature of Student

Date

Signature of Parent or Legal Guardian