

**Solid Waste Association of North America  
(SWANA)**

**Mid-Atlantic Chapter**

**2010 Scholarship Awards Program**

**APPLICATION**

**(Due by May 1, 2010)**

**For more information please contact:**

**Mr. Mehal M. Trivedi, Engineer  
Chair, SWANA Mid-Atlantic Chapter Scholarship Committee  
c/o Division of Utilities and Solid Waste Management  
Department of Regulatory Compliance  
4520 Metropolitan Court  
Frederick, MD 21704  
[mtrivedi@fredco-md.net](mailto:mtrivedi@fredco-md.net)  
(301) 600-3043**

# SWANA

## MID-ATLANTIC CHAPTER SCHOLARSHIP AWARDS PROGRAM

(Complete all applicable lines; forms may be copied if more spaces are needed.)

### GENERAL APPLICATION FORM FOR ALL APPLICANTS

1. Candidate's Full Name: \_\_\_\_\_

2. Candidate's Address: (Home) \_\_\_\_\_

\_\_\_\_\_  
(Work) (If applicable) \_\_\_\_\_

3. Candidate's Telephone No. : Home (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_

School (\_\_\_\_) \_\_\_\_\_

4. I am applying for a "Category" \_\_\_\_\_ scholarship. I am "Eligible" because I am \_\_\_\_\_

5. Name of SWANA Member Sponsor/Student Member: \_\_\_\_\_

6. Address of Sponsor: \_\_\_\_\_  
\_\_\_\_\_

7. Sponsor's Telephone No.: Work (\_\_\_\_) \_\_\_\_\_

Home (\_\_\_\_) \_\_\_\_\_

8. Is SWANA Chapter Sponsor or Student Member a member of the Mid-Atlantic Chapter?

Yes \_\_\_\_\_ No \_\_\_\_\_

9. Is the Sponsor or Student Member in "good standing," i.e., are his/hers dues paid up and through when?

\_\_\_\_\_

10. Relationship of Sponsor to Applicant: \_\_\_\_\_

11. If applying under eligibility 2 or 4, are you adopted? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please attach documentation of adoption.

12. High School Information for Category 1 and 1A Scholarship:

a. High School Attended: \_\_\_\_\_

b. Address: \_\_\_\_\_  
\_\_\_\_\_

c. Faculty Advisor: \_\_\_\_\_

d. Consideration for award is based on the following high school activities:

(1) Scholarship: Please have your high school mail a complete copy of your transcript to:

Mr. Mehal M. Trivedi, Engineer  
Chair, SWANA Mid-Atlantic Chapter Scholarship Committee  
c/o Division of Utilities and Solid Waste Management  
Department of Regulatory Compliance  
4520 Metropolitan Court  
Frederick, MD 21704

(2) Your SAT/ACT scores should be mailed to the above address.  
(Scores must be broken down by sections, e.g., Critical Reading, Mathematics, and Writing)

(3) Academic Achievement/Awards/Honors: Please complete Form 1.1 and attach to this application form.

(4) Citizenship: Please complete Form 1.2 and attach to this application form.

(5) Extracurricular Activities: Please complete Form 1.3 and attach to this application form.

(6) An Essay on Solid Waste Management: Please use Form 1.8 or attach a page discussing your views on solid waste management, e.g.: what it is, who participates, what are the current issues facing the profession, and your thoughts on its future direction. The quality of the essay will be evaluated and rated for clarity and organization of the work, grammar, accuracy and originality.

(7) In 200 words or less, on Form 1.9, describe why you should be considered for a scholarship and/or whether there are extenuating special personal or family circumstances or hardships or needs of which the scholarship committee should be aware. This may include an explanation of why some of the designated ratings may be low. Form 1.9 is optional.

e. Name of college/university which you will be attending: \_\_\_\_\_

f. Major or field of interest (if known): \_\_\_\_\_

13. College/University Information for those in College (Category 1A, 2, and 3 Scholarship.

a. A full time student at: \_\_\_\_\_

College/University

b. Address of College/University :

(1) Records/Admissions Address: \_\_\_\_\_  
\_\_\_\_\_

(2) Telephone No.: (\_\_\_\_) \_\_\_\_\_

c. Number of Credit hours completed at time of application: \_\_\_\_\_

d. Number of hours taking at time of application: \_\_\_\_\_ (See Form 1.4)

e. Grade Point Average (4.0 scale) of hours completed: \_\_\_\_\_

Please have a copy of transcript mailed to:

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Chair, SWANA Mid-Atlantic Chapter Scholarship Committee  
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4520 Metropolitan Court  
Frederick, MD 21704

f. Courses Taken: Please attach, using Form 1.5, a brief description of all courses taken (along with grades) and identify by an asterisk those related to solid waste management.

g. What is your major? \_\_\_\_\_

h. Where will you study this major next year? \_\_\_\_\_

i. If 13.h is not the same as 13.a, please have the institution listed in 13.h verify acceptance by mailing documentation to the address in 12 d (1).

Please proceed to the applicable Forms, e.g.:

Category 1 - Form 1.1, 1.2, 1.3, 1.8 and 1.9

Category 2 - Form 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8 and 1.9

Category 2/3 - Form 1.1, 1.2, 1.4, 1.5, 1.6, 1.7, 1.8 and 1.9

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Sponsor

\_\_\_\_\_  
Date

**SWANA  
MID-ATLANTIC CHAPTER SCHOLARSHIP AWARDS PROGRAM**

**FORM 1.1  
(Category 1, 1A, 2/3)**

Documentation of Academic Achievement Awards and Honors  
(for High School and College/University)

- Please list for each award:
1. Name of Award/Honor
  2. (HS) for High School or (C/U) for College/University
  3. Date of Award, and
  4. Signature of Award Official or Advisor

1. Candidate's Full Name: \_\_\_\_\_
2. High School Grade Point Average: \_\_\_\_\_
3. Name of course/curriculum: \_\_\_\_\_
4. SAT Scores: Critical Reading \_\_\_\_\_ Mathematics \_\_\_\_\_ Writing \_\_\_\_\_
5. ACT Scores: \_\_\_\_\_
6. Current College/University Grade Point Average: \_\_\_\_\_

	<u>Award/Honor</u>	<u>Date of Award</u>	<u>Printed Name and Signature of Award Official or Advisor</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

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

\_\_\_\_\_  
Scholarship Candidate's Signature



**SWANA  
MID-ATLANTIC CHAPTER SCHOLARSHIP PROGRAM**

**FORM 1.2  
(Category 1, 1A, 2/3)**

Documentation Of Citizenship Qualifications for High School and University  
(Student Organizations, Scouting, ROTC, Civic/Religious/Charitable Groups, Etc.)

- Please list for each activity:
1. Name of Activity
  2. (HS) for High School or (C/U) for College/University
  3. Dates of Involvement, and
  4. Signature of Coordinator

Candidate's Full Name: \_\_\_\_\_

<u>Activity</u>	<u>Date of Involvement</u>	<u>Printed Name and Signature of Activity Coordinator</u>
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

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

\_\_\_\_\_  
Scholarship Candidate's Signature

**SWANA  
MID-ATLANTIC CHAPTER SCHOLARSHIP AWARDS PROGRAM**

**FORM 1.3  
(Category 1, 1A)**

Documentation of Extracurricular Activities  
(Athletics, Music, Drama, Debate, Yearbook, Student Paper, Etc.)  
(For High School And College/University)

- Please list for each activity:
1. Name of Activity
  2. (HS) for High School and (C/U) for College/University
  3. Dates Involved, and
  4. Signature of Coordinator

Candidate's Full Name: \_\_\_\_\_

<u>Activity</u>	<u>Dates of Involvement</u>	<u>Printed Name and Signature of Activity Coordinator</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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

\_\_\_\_\_  
Scholarship Candidate's Signature







**SWANA  
MID-ATLANTIC CHAPTER SCHOLARSHIP AWARDS PROGRAM**

**FORM 1.7  
(Complete if applicable)**

Candidate's Discussion of Current or Completed Internship/Assistantship Efforts and/or  
a full or part-time Employee's (including student interns, paid or non-paid) Discussion  
on Work in the Solid Waste Field

Please describe the nature and purpose of your internship/assistantship, the length of time devoted to your internship/assistantship, and the anticipated practical application of your experience. If an employee, then a discussion of your work activities on the solid waste management field.

Name of Candidate: \_\_\_\_\_

Internship Site: \_\_\_\_\_  
(or Work Site)

Discussion of Internship/Assistantship Efforts (or Work):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
Scholarship Candidate's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor's Printed Name and Signature  
(Or, Supervisor's Printed Name and Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact (phone or e-mail)



