

PSAI Scholarship Program

TYPE OR PRINT ALL INFORMATION IN ENGLISH EXCEPT SIGNATURES

Completeness ar	nd neatness ensur	e your applica	ation will be	reviewed pro	perly.		Applicatio	n postmar	k deadline	March 15	
FOR SCHOLARSHP AMERICA USE ONLY	I.D. #	AA	PD	RIC/CS	GPA	SATRW	SATM	ACTC	SP1	TOTAL	
STUDENT APPLICANT	Last Name				Fir	st			Middle Initial ₋		
DATA	Permanent Home Mailing Address								Apartment #_		
	City			State/l	Province	ZIF	P/Postal Code		Country		
	Telephone ()				Date of Birth:	Month	Day	Year		
	Email Address (re	equired for not	fication)								
	Please indicate y	our status. (Fo	r statistical p	urposes only)	☐ Ma	le 🗆	Female				
	·	ian /Alaska Na	·		ican America	_	Multi-Racial			☐ White	
	☐ Asian			☐ Hispanic			Native Hawa	iian/Pacific Isl	ander		
EMPLOYEE	Last Name					First			Middle Initial		
INFORMATION	Email Address					Work Telepl	none ()			
Applicant is: Employee	Job Title					Date of Hire					
☐ Spouse of	PSAI Member Co	ompany Name				PSAI Memb	er Number				
Employee Child of	City			State/Pro	ovince			Country			
Employee	If child, is the student a dependent of the employee?										
HIGH SCHOOL/	School Name				_	Dates of Att	endance: Fro	m	To		
SECONDARY SCHOOL DATA	City		State	e/Province	Coun	try	Telephor	ne ()			
	Degree or Certific	cate Awarded _		Hi	gh School/Se	condary Scho	ol Completion	Date: Month	Y	ear	
POST- SECONDARY SCHOOL	Name of postsec Use official scho	ool names. Do	not use ab	breviations.				-			
DATA							_ State/Provir	ice	Country		
	4 yr. College or University 2 yr. Community or Junior College										
	□ Vocational-Technical School □ Other, explain □ Other,										
	Year in school next year: 1 2 3 4 5 Major or course of study:										
	☐ Full-time stud										
	Date next acader										
	Length of program: Months Years When do you expect to complete the program/graduate?										
	What certificate/o										

sheet of paper and submitted along with your application; include your name at the top of your essay.

An essay addressing "The Importance and Value of Portable Sanitation" is required. Your essay should be type-written on a separate

ESSAY

Sending a resumé does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

WORK	
FXPFR	IFNCE

Describe your work experience during the **past four years.** Indicate dates of employment for each job and approximate number of hours worked each week. **Submitted information will be shared with PSAI for company announcement purposes only.

Employer/Position	From - Mo/Yr	To - Mo/Yr	Hours per Week	Were you paid for your work?
				YES / NO
				YES / NO
				YES / NO
				YES / NO

ACTIVITIES, **AWARDS AND HONORS**

List all extracurricular activities (in and outside of school) in which you have participated during the **past four years** (e.g., student government, music, sports, volunteer work, scouts, etc.). Indicate all special awards, honors and offices held. **Separate high school/secondary school activities from college/postsecondary activities.**

**Submitted information will be shared with PSAI for company announcement purposes only.

Activity	Activity No. of Years Partic.		Offices Held	Activity	No. of Years Partic.	Special Awards, Honors	Offices Held

GOALS
AND
ASPIRATIONS

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.

UNUSUAL

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work CIRCUMSTANCES experience, or your participation in school and community activities.

NON-U.S. **APPLICANTS** ONLY:

ACADEMIC AND

SCHOOL COST INFORMATION (REQUIRED)

- Provide clear photocopies of the following educational documents from the past four years:
 - Transcript of grades (academic record)
 - 2. Secondary school credential/diploma/certificate if earned, and
 - Results of examinations.

English translations must be provided for all non-English documents.

Provide itemized school costs for one academic year for the school you plan to attend:

	Local Currency	U.S. Equivalent	
Tuition:		\$	
Fees:		\$	
Books:		\$	
Transportation:			
Room:		\$	
Board (estimate if living at hor	me):	\$	
TOTAL:		\$	
Government subsidy:		\$	

APPLICANT APPRAISAL (REQUIRED) **To the Applicant:** This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a secondary school headmaster, high school or college counselor or advisor, an instructor, or a work supervisor who knows you well.

To the Adult Appraiser: You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.

			envelope. A letter of re					reier, prio	ocopy tris sec	uon and reu	וווו נט
The applicant's cho program is	oice of a	postsecondary	educational		extremely appropriat		very approp	oriate [] moderately appropriate	□inap	opropriate
The applicant's ach	nievemer	nts reflect his/he	r ability		extremely	well	very well] moderately w	ell 🗌 not	well
The applicant's ability to set realistic and attainable goals is			excellent		good] fair	☐ poo	r		
The quality of the applicant's commitment to school and/or community is					_ excellent		good] fair	☐ poo	r
The applicant is abl	le to see	k, find, and use	learning resources		extremely	well	very well] moderately w	ell 🗌 not	well
The applicant demo	onstrates	curiosity and in	nitiative		extremely	well	very well] moderately w	ell 🗌 not	well
The applicant demo			-solving skills, follows		extremely	well	very well] moderately w	ell 🗌 not	well
The applicant's res	pect for s	self and others	is		excellent		good] fair	☐ poo	r
Comments:											
Appraiser's Name _				Title				Telephon	e ()_		
Signature											
Appraiser's Busines	ss		City								
ACADEMIC INFORMATION (REQUIRED) Applicant ranks in a class of	2. High inclu high	se, and term in a school senior de a high school school's grad Cumulative C	chool attended. Online which each course was and students who old transcript of grades ling scale must also Grade Point Average	have con and have be subm	(Completion mpleted less this section	of high s than o	school informat ne full quarter	on below or semes	is not necessar ter of postseco	ry.) ondary educa	ation must
School Official's Signature			Date	T	ïtle			Te	ephone ()	
School Official's Address: Street _				c	ity			Sta	te	ZIP Cod	le
APPLICATION CHECKLIST											
CERTIFICATION	applica	tion becomes th	has the sole responsible property of Scholars	ship Ame	rica. (It is re	commen	ded you keep a	copy for	our files.)	·	

I acknowledge decisions are final. I certify I meet the eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including an official transcript of grades. Falsification of information may result in termination of any award granted. I understand my essay may be shared with PSAI. **If selected as a recipient, I acknowledge that my application information will be shared with PSAI for announcement purposes only.

Applicant's Signature	Date			
Employee's Cignoture	Data			
Employee's Signature	Date			