

APPLICATION FORM  
**JOSEPH A. LEVENDUSKY MEMORIAL SCHOLARSHIP**

Sponsored by

**EPICOR, INCORPORATED and the INTERNATIONAL WATER CONFERENCE®**

Notice to Applicants:

This Scholarship, with funding up to \$7,000 per year, will be awarded to an undergraduate student in mechanical or chemical engineering who meets the following criteria and requirements:

- Demonstrated interest and commitment to seek a career in the field of water technology. (Environmental wastewater, water pollution control and water resource management not included.)
- Acceptance for enrollment in, or be enrolled in good standing as a student in an accredited institution in the United States.
- Student should be of sophomore or higher class status
- Student should not be planning on studying outside of the country or planning to use monies to do so.

Type or clearly print. Fill in all questions to the best of your knowledge. Approximate financial figures will be accepted. Applications will not be accepted without completed form and signature. You must include reference letters and transcripts to be considered.

Applications are to be returned by August 31, 2016 to:

Engineers' Society of Western Pennsylvania  
Attention: Scholarship Committee  
337 Fourth Avenue  
Pittsburgh, PA 15222

Selection will be made by September 30, 2016

Name of Applicant \_\_\_\_\_ SS# \_\_\_\_\_

Permanent Address No. & Street/P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Temporary Mailing Address (until what date \_\_\_\_\_) Telephone (add area code) \_\_\_\_\_

No. & Street/P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (add area code) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ U.S. Citizen \_\_\_\_\_ Other \_\_\_\_\_

I certify that the answers herein are true and complete to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## EDUCATIONAL INFORMATION

University/College to which you have been accepted. Please provide proof of acceptance or official transcripts to the University/College.

\_\_\_\_\_

Address

No. & Street/P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sophomore\_\_\_\_ Junior\_\_\_\_ Senior\_\_\_\_

Transfer\_\_\_\_ Re-Admission\_\_\_\_

Class Rank

Other University/College attended with completed semesters, class standing and course of study.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total college credits earned to date \_\_\_\_\_

Verification of acceptance and transcripts must accompany this form.

Degree Major \_\_\_\_\_ Anticipated Graduation Date \_\_\_\_\_

## REFERENCES

List two professional and two personal references. Letters of recommendation must be attached to this form, or the reference must send it directly to the Scholarship Committee. Do not use family members as references.

*Professional (Give name, company affiliation, address, phone and length of time known)*

\_\_\_\_\_  
Name Company Time Known

\_\_\_\_\_  
Address Telephone

\_\_\_\_\_  
Name Company Time Known

\_\_\_\_\_  
Address Telephone

*Personal (Give name, address, phone and length of time known)*

\_\_\_\_\_  
Name Company Time Known

\_\_\_\_\_  
Address Telephone

\_\_\_\_\_  
Name Company Time Known

\_\_\_\_\_  
Address Telephone

## FINANCIAL INFORMATION

(This is for our information only and will be kept confidential.)

Tuition  Semester  Trimester \$ \_\_\_\_\_

Estimated Additional Expenses (Books, Fees, Etc.) \$ \_\_\_\_\_

Room and Board Expenses  Yes  No  
If yes, give details (costs per month/semester, etc.) \$ \_\_\_\_\_

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Have you applied for other financial assistance for the upcoming Academic Year? \$ \_\_\_\_\_

Yes  No  
If yes, give details

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Are you now, or will you be receiving any other scholarship/financial aid for the upcoming academic year? \$ \_\_\_\_\_

Yes  No  
If yes, give details

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What percentage of college costs are paid by family \_\_\_\_\_% \$ \_\_\_\_\_

Do you have current employment that you intend to keep during the upcoming academic year?

Yes  No

List estimated income per semester/trimester \$ \_\_\_\_\_

Will you have a percentage of costs reimbursed from the company where you are presently employed?

Yes  No  
If yes, give details

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Indicate benefits and monthly amounts you may be receiving

Veterans  Social Security  Neither \$ \_\_\_\_\_  
(Estimated amounts are acceptable where costs are not known at present.)

Use this space for any additional information you feel is pertinent.

## EMPLOYMENT INFORMATION

Give particulars of all present and past employment relating to the requirements of this scholarship, starting with your most recent employment.

This is for our information only, and employers will not be contacted without your permission.

Employer \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone (add area code) \_\_\_\_\_

Supervisor \_\_\_\_\_

Job Title/Work performed \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone (add area code) \_\_\_\_\_

Supervisor \_\_\_\_\_

Job Title/Work performed \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

## COMPREHENSIVE EDUCATIONAL OBJECTIVE

Submit a typed 250-word comprehensive educational objective. Include what occupation you want to prepare for by attending college, and the reasons you have decided on the field of water technology. Use space provided below.