



MISSISSIPPI
Water and Pollution Control
Operators' Association

OPERATORS ASSOCIATION MEMBERSHIP SCHOLARSHIP APPLICATION FORM

NAME: _____
(Please Print or Type)

Items Needed to Complete Application

1. MWPCOA Membership Number for application sponsor
2. High school and/or college transcripts
3. Grade point average
4. ACT/SAT or graduate/professional School Test Score
5. List of honors and awards
6. Names and dates of other scholarships and/or grants
7. List of organizations in which the applicant is active
8. List of community projects/service accomplished by the applicant
9. List of Hobbies
10. Name and address of intended college or university
11. State of education plans and career objectives
12. Two letters of recommendation
13. Signature of nominating MWPCOA member

Scholarship to be awarded: **March 6, 2026** at the MWPCOA Annual Meeting

Deadline for application: **February 23, 2026** (must be received by this date)

RETURN FORM AND SUPPORTING DOCUMENTS TO

**ALAN BAREFIELD
SCHOLARSHIP COMMITTEE
103 S. ROSEBUD LANE
STARKVILLE, MS 39759
alan.barefield@msstate.edu**

COMPLETE applications may be either mailed or emailed to the above address

FULL NAME: _____

MAILING ADDRESS: _____

(City)

(State)

(ZIP Code)

TELEPHONE NUMBER: _____ **BIRTHDATE:** _____ **GENDER:** _____

MWPCOA Sponsoring Member Name: _____

Sponsoring Member MWPCOA Number: _____ **MWPCOA District:** _____

Sponsoring Member Phone Number: _____ **Email Address:** _____

Sponsoring Member's District Governor or President: _____

Relationship to MWPCOA Member (please check one)

- Dependent child
- Spouse
- Grandchild
- MWPCOA Member (the applicant is a current MWPCOA member)

Please provide the name, city, and state of the high school or higher education institution from which you most recently graduated (Please attach a transcript copy):

Final or most recent GPA: _____ **Date of Graduation:** _____

Please provide the name, city, and state of the higher education institution which you intend to attend or are presently attending (Please attach a transcript copy):

Most recent year attended: _____ **Current GPA:** _____

ACT/SAT or graduate/professional school score: _____

FULL NAME: _____

List any honors and awards which you have received:

List names and dates of any scholarships/grants which you have received:

List any organizations in which you are currently active:

List any community projects that you have participated in:

List your hobbies (if any):

FULL NAME: _____

Provide the name, city, and state of the higher education institution which you either plan to attend or are currently attending:

What year do you plan to graduate: _____ **Anticipated Degree:** _____

In your own words, state your educational and career objectives:

PLEASE ATTACH THE FOLLOWING DOCUMENTS

1. Two (2) letters of recommendation to the Scholarship Committee from members of your community.
2. Clear copies of all necessary high school and/or higher education transcripts
3. ACT/SAT or graduate/professional school transcripts

MWPCOA Nominating Member (Please print or type): _____

Nominating Member's Signature: _____ **Date:** _____