



MISSISSIPPI "MAGNOLIA" CHAPTER  
SOLID WASTE ASSOCIATION OF NORTH AMERICA



MICHAEL CAPLES MEMORIAL SCHOLARSHIP APPLICATION

PERSONAL INFORMATION

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

SWANA Sponsor Name: \_\_\_\_\_

**\*\*[Attach Sponsor Form]**

SCHOOL INFORMATION

*Section 1 – All students complete.*

Name and Address of High School: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Year Graduated: \_\_\_\_\_

Principal's Name and Phone Number: \_\_\_\_\_

Counselor's Name and Phone Number: \_\_\_\_\_

**\*\*[Attach Certified H.S. Transcript]**

Name and Address of higher learning institution selected.

School: \_\_\_\_\_

Address: \_\_\_\_\_

**\*\*[Attach Letter of Acceptance]**

Career Objective/Major Selected: \_\_\_\_\_

Why did you choose this career, and how will it assist in efforts to improve management of solid waste?

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

*Section 2 – For students having completed at least one year of college.*

Name and Address of institution at which most recent year completed:

School: \_\_\_\_\_

Address: \_\_\_\_\_

Upcoming year of study:    Sophomore\_\_\_\_    Junior\_\_\_\_    Senior\_\_\_\_

GPA for most recently completed year: \_\_\_\_\_

**\*\*[Attach Certified College Transcript]**

Are you continuing your education at this same institution?    Yes\_\_\_\_    No\_\_\_\_

If not, provide new learning institution information:

School: \_\_\_\_\_

City: \_\_\_\_\_

Applicant Photo

**\*\*[Attach Headshot of Applicant (professional photo not required)]**

**ESSAY**

*On next page, answer the following in 500 words or less:*

Why should SWANA choose to honor you with a scholarship?

I certify that the information on this application is true to the best of my knowledge. I hereby give permission for this information to be released to the Mississippi SWANA Scholarship Committee.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CHECKLIST FOR COMPLETE APPLICATION SUBMITTAL:**

- |  |   |
|--|---|
| <input type="checkbox"/> Application Form  | <input type="checkbox"/> Sponsor Form   |
| <input type="checkbox"/> Essay Response    | <input type="checkbox"/> Certified copy of High School Transcript             |
| <input type="checkbox"/> Resume            | <input type="checkbox"/> Certified copy of College Transcript (if applicable) |
| <input type="checkbox"/> Copy of ACT Score | <input type="checkbox"/> Headshot of Applicant                                |

