



# WENDELL J. STEWART SCHOLARSHIP --- APPLICATION FORM ---



PERMIAN BASIN SECTION – SEPM  
(SOCIETY FOR SEDIMENTARY GEOLOGY)  
2900 W. FRONT ST.  
MIDLAND, TEXAS 79701

## PERSONAL INFORMATION

Name: \_\_\_\_\_

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

Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Other Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ (Type) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Place of Birth: \_\_\_\_\_

## HIGH SCHOOL INFORMATION

School Name: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

City/State: \_\_\_\_\_ G.P.A. \_\_\_\_\_ Rank: # \_\_\_\_\_ of \_\_\_\_\_  
(4 Point Scale)

*(Attach Copies of High School Transcripts)*

## COLLEGE OR UNIVERSITY INFORMATION

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

Academic Year: \_\_\_\_ / \_\_\_\_ Major: \_\_\_\_\_ Classification: \_\_\_\_\_  
(F, So, Jr., Sr., MS, PhD)

*Non-Earth Science Majors:* I plan to enroll in an Earth Science Class \_\_\_\_\_ Semester  
(Spring / Fall / Summer)

Overall GPA: \_\_\_\_\_ Earth Sci GPA \_\_\_\_\_ Scholastic Awards / Honors: \_\_\_\_\_  
(4 Point Scale) (4 Point Scale)

\_\_\_\_\_

\_\_\_\_\_

Extracurricular Scholastic Honors / Activities: \_\_\_\_\_  
(Athletics, Clubs, Etc.)

\_\_\_\_\_

\_\_\_\_\_

*(Attach Copies of College Transcripts)*

REFERENCES

Please list two (2) references who will write letters of recommendation for this scholarship.

*At least one reference should be familiar with the student's academic work. Neither should be a relative.*

Name	Occupation	Contact Information
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*The Letters of Recommendation must be in by the application deadline date (see website [www.pbs-sepm.org](http://www.pbs-sepm.org) or contact the Scholarship Committee Chairman or PBS-SEPM Office at (432) 279-1360 if you are unsure of the date).  
The Letters should be sent directly from your reference to the Scholarship Committee or [admin@pbs-sepm.org](mailto:admin@pbs-sepm.org).*

FINANCIAL INFORMATION

Occupation of Parent(s) and / or Legal Guardian(s)

*(Enter "N/A" in the top section if your parents cannot claim you on taxes, and will not be assisting you.)*

Name	Occupation	Employer
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Names and ages of Siblings: \_\_\_\_\_

Number of Siblings in College: \_\_\_\_\_

Estimated Total Family Income for the academic year of this Application: \_\_\_\_\_

Expected Family Contribution: \_\_\_\_\_ Student's income last year: \_\_\_\_\_

Student's savings: \_\_\_\_\_ Do you plan to work during the academic year? \_\_\_\_\_

If so, where? \_\_\_\_\_

*The amount of the Scholarship will be determined later, and will be paid to the recipient(s) in one lump sum.*

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

Parent or Legal Guardian's Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Return completed form to:

**PBS-SEPM**  
**2900 W. FRONT ST.**  
**MIDLAND, TEXAS 79701**  
**OR**  
**ADMIN@PBS-SEPM.ORG**