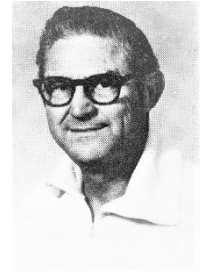




WENDELL J. STEWART SCHOLARSHIP --- APPLICATION FORM ---



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: _____

Year of Birth: _____ Place of Birth: _____

HIGH SCHOOL INFORMATION

School Name: _____ Graduation Year: _____

Location: _____ GPA: _____ Rank: # _____ of _____
(4 Point Scale)

Attach High School Transcripts if you have less than two semesters of college, excluding concurrent enrollment.

COLLEGE OR UNIVERSITY INFORMATION

Attach Copies of College Transcripts.

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: Fall Summer Spring
(Check All Applicable Semesters)

GPA – Overall (Undergrad): _____ Overall (Graduate): _____ Earth Sci: _____ Academic Awards
(4 Point Scale – Enter 'NA' if you will be entering college for the first time next semester)

or Scholastic Honors: _____

Extracurricular Activities: _____
(Awards, Athletics, Clubs, Community Events, Etc.)

Continue on Separate Page, if Needed.

REFERENCES

List two (2) references who have agreed to send letters of recommendation on your behalf.

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

Name Occupation Contact Information

Letters must be received or post-marked by the deadline (see www.pbs-sepm.org, contact the Scholarship Chair, or call / email PBS-SEPM at (432) 279-1360 / admin@pbs-sepm.org if you are unsure of the date). List any additional references on a separate page. Letters should be sent directly from your references to the Scholarship Committee.

FAMILY ASSISTANCE INFORMATION

(required)

Occupation of any Parent(s) and / or Legal Guardian(s) Who Will Be Assisting You

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

Name Occupation Employer

Names and ages of Siblings:

Number of Siblings in College:

Expected Guardian(s) Income: \$ Expected Contribution: \$

STUDENT'S INDIVIDUAL / JOINT FINANCES

Expected Annual Income: \$ Savings: \$ Amount of Support from (Student + Domestic Partner, if any)

Grant / GI Bill / Other: \$ 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

Legal Guardian Signature (if student is a dependent under IRS rules)

Date

Return completed form to:

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

