



SOUTHWEST ASSOCIATION OF RAIL SHIPPERS 2017 GEORGE J. ELKING SCHOLARSHIP APPLICATION

All scholarship applicants must complete this application. Applications will not be accepted unless completed in full and postmarked by **April 30** of each year. The application must be signed.

PLEASE NOTE – IT IS THE RESPONSIBILITY OF EACH APPLICANT TO ENSURE THAT THE SCHOLARSHIP COMMITTEE RECEIVES ALL REQUIRED APPLICATION MATERIALS. THE BEST WAY TO DO THIS IS TO INCLUDE ALL PARTS OF THE APPLICATION IN ONE ENVELOPE SENT TO THE SCHOLARSHIP CHAIRMAN.

Please use the following checklist to prepare your scholarship application packet. All items MUST be included for a candidate to be considered:

- 🍏 Completed application form
- 🍏 Copy of academic transcript
- 🍏 Copy of ACT or SAT test results
NOTE: ACT or SAT test results are optional if the applicant is at least 21 years of age or has completed at least 45 hours of college credit
- 🍏 List of extracurricular activities detailing community involvement and awards
- 🍏 Work history
- 🍏 Personal statement
- 🍏 Academic letter of recommendation from a school counselor, teacher or professor in a sealed envelope
- 🍏 Personal letter of recommendation from a person of the applicant's choice in a sealed envelope

The scholarship considers all applicants anonymously. Please take care in preparing your application to restrict personal information. Letters of recommendation should not refer to the applicant by name. It is HIGHLY recommended that each applicant carefully review the information document prior to completing the application. Only the documents requested on this application will be considered. Additional information will be discarded.

PERSONAL INFORMATION

Name: _____ Gender: M F
Last First Middle

Address: _____

City: _____ State/Prov: _____ Zip/Postal Code: _____

Phone No: (_____) _____ Cell No: (_____) _____

Email Address: _____

Have you included a copy of your ACT or SAT results? _____

If not, are you at least 21 years of age? _____

Have you completed at least 45 hours of college credit? _____

Please indicate the best way to contact you should a question on your application arise _____

PLEASE NOTE - THE AWARDS COMMITTEE REVIEWS ALL APPLICATIONS ANONYMOUSLY. PLEASE LIMIT PERSONALLY IDENTIFYING INFORMATION, SUCH AS NAME OR ADDRESS, ON THE FOLLOWING PAGES AND THE DOCUMENTS YOU ATTACH SUCH AS WORK HISTORY, PERSONAL STATEMENT, AND RECOMMENDATION LETTERS. IN ADDITION, PLEASE DO NOT SUBMIT DOCUMENTS PRINTED ON BOTH SIDES OF THE PAGE AS THESE ARE DIFFICULT TO COPY AND SCAN TO THE AWARDS COMMITTEE. THANKS FOR YOUR COOPERATION WITH THESE INSTRUCTIONS.

By signing this application, the undersigned attests to the accuracy of the information provided on this application and acknowledges the eligibility requirements. The applicant further acknowledges that SWARS will determine awards based on competitive review at SWARS sole discretion and any false statement shall cause immediate disqualification.

Applicant Signature _____

Date: _____

COLLEGE INFORMATION

Name of High School: _____ City: _____ State _____

High School Graduation Date: _____

College/University: _____

Address: _____
(Awards will be sent to the college address indicated above)

Full-time _____ Part-time _____ Current GPA _____

Degree Sought/Field of Study: _____

Explain how/if your degree relates to transportation:

ADDITIONAL INFORMATION

Number of family members: _____ Ages of Siblings _____

Are any of your siblings in college now? Yes _____ No _____

Other special family or financial conditions you wish to be considered:

Have you applied for other scholarships? Yes _____ No _____

If yes, have you been notified of selection for another scholarship(s)? Yes _____ No _____

If yes, what is the amount of the scholarship(s)? _____

Are you eligible for a Pell Grant? Yes _____ No _____

Have you applied for a Pell Grant? Yes _____ No _____

Send completed application packet to:
Dale Diulus
Salt River Materials Group
8800 E Chaparral Road, Suite 155
Scottsdale, AZ 85250

DO NOT WRITE BELOW THIS LINE

TEST SCORES: SAT _____ ACT _____ Waived _____