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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Extracurricular Activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Awards, Athletics, Clubs, Community Events, Etc.)

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*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

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

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*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

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

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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.*

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Applicant’s Signature Date

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

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

PBS-SEPM

2900 W. Front St.

Midland, Texas 79701

*- or -*

Admin@PBS-SEPM.Org

*Return completed form to:*