



# WPMA SCHOLARSHIP APPLICATION

**WPMA**  
SCHOLARSHIP FOUNDATION

PLEASE TYPE OR PRINT ALL INFORMATION EXCEPT FOR SIGNATURES. IF SPACE PROVIDED IN ANY SECTION PROVES INADEQUATE, INFORMATION MAY BE CONTINUED ON ADDITIONAL SHEETS OF PAPER AND ATTACHED TO THE APPLICATION. APPLICATION POSTMARK DEADLINE IS **MARCH 1**.

**APPLICANT  
DATA**

**NAME**                    **LAST** \_\_\_\_\_ **FIRST** \_\_\_\_\_ **MIDDLE INITIAL** \_\_\_\_\_

**HOME ADDRESS**            **NUMBER & STREET** \_\_\_\_\_ **APARTMENT #** \_\_\_\_\_

**DATE OF BIRTH**            **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**MONTH** \_\_\_\_\_ **DAY** \_\_\_\_\_ **YEAR** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

**FAMILY  
FINANCIAL  
INFORMATION**

**NAME OF FATHER** \_\_\_\_\_ **POSITION /TITLE** \_\_\_\_\_

**EMPLOYER** \_\_\_\_\_ **EMPLOYER'S PHONE** \_\_\_\_\_

**EMPLOYER'S ADDRESS** \_\_\_\_\_

**IMMEDIATE SUPERVISOR** \_\_\_\_\_ **LENGTH OF EMPLOYMENT** \_\_\_\_\_

**CONTACT FOR EMPLOYMENT VERIFICATION** \_\_\_\_\_ **ANNUAL INCOME** \_\_\_\_\_

**NAME OF MOTHER** \_\_\_\_\_ **POSITION/TITLE** \_\_\_\_\_

**EMPLOYER** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**EMPLOYER'S ADDRESS** \_\_\_\_\_

**IMMEDIATE SUPERVISOR** \_\_\_\_\_ **LENGTH OF EMPLOYMENT** \_\_\_\_\_

**CONTACT FOR EMPLOYMENT VERIFICATION** \_\_\_\_\_ **ANNUAL INCOME** \_\_\_\_\_

**NUMBER OF CHILDREN IN FAMILY** \_\_\_\_\_ **AGES** \_\_\_\_\_ **NUMBER IN COLLEGE** \_\_\_\_\_

**LIST NAMES AND AMOUNTS OF OTHER SCHOLARSHIPS APPLIED FOR. ANY EARNED?**

**UNUSUAL  
CIRCUMSTANCES**

**PLEASE DESCRIBE HOW AND WHEN ANY UNUSUAL FAMILY OR PERSONAL CIRCUMSTANCES HAVE AFFECTED YOUR ACHIEVEMENT IN SCHOOL, WORK EXPERIENCE, OR YOUR PARTICIPATION IN SCHOOL AND COMMUNITY ACTIVITIES**

**HIGH SCHOOL DATA** SCHOOL NAME \_\_\_\_\_ GRADUATION DATE: MONTH \_\_\_\_\_ YEAR \_\_\_\_\_  
 SCHOOL ADDRESS \_\_\_\_\_ STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 TELEPHONE \_\_\_\_\_ SCHOOL E-MAIL \_\_\_\_\_

**POST-SECONDARY SCHOOL DATA** NAME OF POST-SECONDARY SCHOOL YOU PLAN TO ATTEND. (IF UNKNOWN, PLEASE LIST IN ORDER OF PREFERENCE THE SCHOOLS TO WHICH YOU HAVE APPLIED.) USE OFFICIAL SCHOOL NAMES.  
 \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
 \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
 4-YR COLLEGE OR UNIVERSITY  2-YR COMMUNITY OR JUNIOR COLLEGE  
 VOCATIONAL, TECHNICAL SCHOOL  OTHER  
 MAJOR OR COURSE OF STUDY \_\_\_\_\_ ANTICIPATED DATE OF GRADUATION \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR  
 STUDENT WILL  LIVE ON CAMPUS  LIVE OFF CAMPUS  COMMUTE FROM HOME  
 IF SCHOOL CHOICE IS A PUBLIC INSTITUTION, APPLICANT WILL PAY:  IN-STATE RESIDENT TUITION  OUT-OF-STATE TUITION

**WORK** DESCRIBE YOUR WORK EXPERIENCE DURING THE PAST FOUR YEARS. INDICATE DATES OF EMPLOYMENT FOR EACH JOB. APPROXIMATE NUMBER OF HOURS WORKED EACH WEEK. LIST AMOUNTS EARNED AT EACH JOB.

COMPANY/POSITION	DATES		HOURS PER WEEK	AMOUNT EARNED
	FROM-MO/YR	TO-MO/YR		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**ACTIVITIES, AWARDS AND HONORS** LIST ALL SCHOOL ACTIVITIES IN WHICH YOU HAVE PARTICIPATED DURING THE PAST FOUR YEARS (E.G. STUDENT GOVERNMENT, MUSIC, SPORTS, ETC.). LIST ALL COMMUNITY ACTIVITIES IN WHICH YOU HAVE PARTICIPATED WITHOUT PAY DURING THE PAST FOUR YEARS (E.G., BOY/GIRL SCOUTS, HOSPITAL VOLUNTEER, SPECIAL OLYMPICS). INDICATE ALL SPECIAL AWARDS, HONORS AND OFFICES HELD.

ACTIVITY	NO. OF YEARS PARTIC.	SPECIAL AWARDS HONORS	OFFICES HELD	ACTIVITY	NO. OF YEARS PARTIC.	SPECIAL AWARDS HONORS	OFFICES HELD
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

**TRANSCRIPT INFORMATION** APPLICANT'S RANKING IN HIS/HER CLASS AS PER CUMULATIVE GRADE POINT AVERAGE\4.0 SCALE \_\_\_\_\_  
 SAT (COMPOSITE) \_\_\_\_\_ OR ACT (COMPOSITE) \_\_\_\_\_  
 SCHOOL TELEPHONE \_\_\_\_\_  
 OFFICIAL'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ TITLE \_\_\_\_\_

**CERTIFICATION** IN SUBMITTING THIS APPLICATION, I CERTIFY THAT THE INFORMATION PROVIDED IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. IF REQUESTED, I AGREE TO GIVE PROOF OF INFORMATION I HAVE GIVEN ON THIS FORM. FALSIFICATION OF INFORMATION MAY RESULT IN TERMINATION OF ANY SCHOLARSHIP AWARDED. THIS APPLICATION BECOMES THE PROPERTY OF WPMA.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 (WPMA COMPANY EMPLOYEE)



# IMPORTANT INFORMATION & REQUIRED DOCUMENTS

## The WPMA Scholarship Program

The Western Petroleum Marketers Association (WPMA) scholarship is designed to assist in the education of children of employees of marketer member and associate member companies. The WPMA Scholarship Program provides four-year scholarships to high school seniors who will be attending college or vocational programs. The awards will be granted without regard to race, color, religion, sex, disability, or national origin.

## Eligibility

An applicant for the WPMA Scholarship must be a graduating high school senior, and the child of a full-time, permanent employee of a marketer member (part-time and temporary employees are not eligible) in one of the member states of the Western Petroleum Marketers Association (WPMA), or the child of a WPMA associate member, or of a WPMA associate member's full-time, permanent employee. The student must be a dependent based on the guidelines of deductibility for income tax purposes.

## Application

This application and all required documentation must be typewritten or printed legibly and submitted to the WPMA office by March 1. **Each section of this application must be fully completed. Only an original transcript issued from the high school will be accepted as official documentation of grades.** Copies are not acceptable. Please attach supplementary sheets with your name in the upper right-hand corner. All information submitted is considered confidential.

## Evaluation Procedure

A selection committee independent of the Western Petroleum Marketers Association Scholarship Foundation will review all properly completed applications. Incomplete applications will not be considered. A rating sheet will be used as part of the evaluation process, with each application scored individually on the basis of academic record, SAT or ACT score, financial need, extracurricular and community activities, and required essays on education and career goals.

## Awards

One \$1,000 scholarship is awarded each year in each of the seven WPMA states, and one \$1,000 scholarship is awarded each year for the dependent of an associate member. This scholarship is not automatically renewable, but the student may renew it for three years if he/she meets the eligibility requirements, therefore making it a possible award of \$4,000. The student must begin use of the scholarship in the same year it is awarded. If not, he/she will forfeit the scholarship, unless a voluntary suspension has been approved.

Students wishing to pursue non-scholastic opportunities such as military service, church service, personal or family needs, or other voluntary service can request a voluntary suspension of their scholarship. The suspended time cannot exceed three years in the cumulative.

## Payment of Scholarship

Scholarship money is paid two times each year in equal installments. The first check and each succeeding one is sent to the student once the WPMA office receives notification of registration for the upcoming semester or quarter. Students must be registered on a full-time basis as determined by the institution they are attending. Each student is expected to maintain a cumulative grade point average (GPA) of 2.5 or above in order to remain eligible for scholarship payments.

## Revisions

WPMA and its state organizations reserve the right to review the conditions and procedures of this scholarship program and to make changes at any time, including termination of the program. Previously awarded scholarships will not be affected by subsequent changes to the program.

# ADDITIONAL REQUIRED DOCUMENTS

## 1. Provide the following information:

- A. A detailed statement of **why** you are applying for a scholarship, what your **proposed field of study is**, and how this relates to your **career objectives**. Indicate your **choice of study institution** and why you chose that particular institution. This should be no longer than 250 words.
- B. A 250-word essay on: "**The Value of a Higher Education**".
- C. A brief autobiography describing your academic strengths and weaknesses, your high school work experience, extracurricular interests and activities. Indicate in which activities you held leadership positions.

## 2. Submit these supplementary documents:

- A. Transcript of high school grades (**Original documents only, copies not acceptable**). Transcripts may be obtained from your High School Records Office.
- B. SAT and/or ACT scores. A copy of the score sheet from the testing organization or an original high school transcript that includes these scores is acceptable.
- C. Included appraisal form and comments of recommendation from a teacher, counselor, principal or work supervisor that knows you well.
- D. Letter of recommendation from a source not related to you and not from the school you now attend.

Please submit the application form and all required documents by **MARCH 1** to:

**WPMA**  
**Attention: Scholarship Committee**  
**P. O. Box 571500, Murray, UT 84157-1500**

**Questions, call (801) 263-WPMA (9762)**