

The Waste Management General Scholarship Program, the Stephanie Valdez Memorial Scholarship and the Jim and Tracy Fish Scholarship



TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure that your application will be reviewed properly.

Application postmark deadline March 20

FOR
SCHOLARSHIP
AMERICA
USE ONLY

I.D. #	AA	PD	RIC/CS	GPA	SATRW	SATM	ACTC	SP1	TOTAL

**APPLICANT
DATA**
(Applicant
must be a
current high
school
senior)

Last Name _____ First _____ Middle Initial _____

Permanent Home
Mailing Address _____ Apartment # _____

City _____ State/Province _____ ZIP/Postal Code _____ Country _____

Telephone (_____) _____ Date of Birth: Month _____ Day _____ Year _____

Email Address (Required for notification) _____

Please indicate your status. Male Female

American Indian/Alaska Native Black/African American Multi-Racial White

Asian Hispanic/Latino Native Hawaiian/Pacific Islander

**EMPLOYEE
PARENT
OR
GUARDIAN
INFORMATION**

Last Name _____ First _____ Middle Initial _____

Employee ID # (6 digits) _____ Work Telephone (_____) _____

Email Address _____

Job Title _____ Department _____ WM Employee Hire Date _____

WM Division/Subsidiary _____ City _____ State/Province _____

Relationship to Applicant _____

**HIGH SCHOOL/
SECONDARY
SCHOOL DATA**

School Name _____ High School Graduation Date: Month _____ Year _____

City _____ State/Province _____ Country _____ Telephone (_____) _____

Are you currently a high school senior? Yes No

Did you receive special education services at some point during the 2019-2020 school year through an Individualized Education Plan (IEP)?

Yes (if yes, verification by a school official is required on page 3) No

**POST-
SECONDARY
SCHOOL
DATA**

Name of postsecondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.)
Use official school names. Do **not** use abbreviations.

_____ City _____ State/Province _____ Country _____

_____ City _____ State/Province _____ Country _____

4 yr. College or University 2 yr. Community or Junior College

Vocational-Technical School Other, explain _____

Year in school next year: 1 Other, explain _____

Expected Graduation Date: Month _____ Year _____

Major or course of study: _____

Degree sought: Bachelor Associate Certificate Other _____

Sending a resumé does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

WORK EXPERIENCE

Describe your work experience during the **past four years** (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate **number of hours worked** each week.

Employer/Position	From - Mo/Yr	To - Mo/Yr	Hours per Week	Were you paid for your work?
				YES / NO
				YES / NO
				YES / NO
				YES / NO

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). Note 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

GOALS AND ASPIRATIONS

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.

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.

PARENTS' FINANCIAL DATA (REQUIRED)

Instructions for this section are provided in the guidelines.

The Waste Management, Inc. employee must complete this portion of the application. Adjusted gross income and total federal income tax amounts should be from parents' most recently filed tax return. **To be considered for an award, this section must be filled out completely.**

- State/Province of Residence _____
- Adjusted Gross Income \$ _____
- US/Canadian Federal Tax Paid \$ _____
(Not the amount withheld from paychecks)
- Total Income of Employee Parent..... \$ _____
Total Income of Other Parent..... \$ _____
- U.S. Only - Yearly Untaxed Income and Benefits:
Please indicate source –
 Social Security Child Support
 Other \$ _____
- Medical and Dental Expenses not paid by insurance (exclude premiums) \$ _____
- Total Cash, Checking, Savings, and Cash Value of Stocks (exclude retirement plan funds, IRA, 401k) \$ _____
- Total number of family members living in the household and primarily supported by the reported income ...# _____
- Marital status of employee parent or guardian:
 Married Divorced Separated Widowed Single
- Of the total number of family members on line 8, number of students attending college at least half-time during the next school year (include applicant, exclude parents) ...# _____

APPLICANT APPRAISAL (REQUIRED)

To the Applicant: This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a high school counselor or advisor, an instructor, or a work supervisor who knows you well.

To the Adult Appraiser: *You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.*

The applicant's choice of a postsecondary educational program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and/or community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments: _____

Appraiser's Name _____ Title _____ Telephone (_____) _____

Signature _____ Organization _____ Date _____

TRANSCRIPT INFORMATION/SPECIAL EDUCATION VERIFICATION

A complete transcript of grades **must** be sent with this application. Grade reports are not acceptable.

All applicants **must** include a high school transcript of grades and have this section completed by the appropriate school official.

(A clear explanation of the school's grading scale must also be submitted.)

Applicant ranks _____ in a class of _____	Cumulative Grade Point Average	SAT (U.S. only)		ACT (U.S. only)				
	Weighted: _____/4.0 scale	Evidence-Based Reading & Writing	Math	English	Math	Reading	Science	Composite
	Unweighted: _____/4.0 scale							

I certify that this applicant has received special education services at some point during the 2019-2020 school year through an IEP (if applicable).

School Official's Signature _____ Date _____ Title _____ Telephone (_____) _____

School Official's Address: Street _____ City _____ State/Province _____ ZIP/Postal Code _____ Country _____

APPLICATION CHECKLIST

The student is responsible for submitting all materials to Scholarship America on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

Call with any questions on completing this application, 507-931-1682.

- Student Application with completed Applicant Appraisal
- Current Complete Transcript(s) of Grades (including grading scale)
Grade reports are not acceptable

All materials, including transcript, must be addressed to:

The Waste Management General Scholarship Program
Scholarship America
One Scholarship Way
Saint Peter, MN 56082 USA

Postmark deadline March 20

CERTIFICATION

Scholarship America has the sole responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of Scholarship America. (It is recommended you keep a copy for your files.)

I consent to data collected in this application being used for the purpose of selecting scholarship recipients, communication and promotion of the program. Data will be processed in compliance with the Scholarship America Privacy Policy.

I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information

Applicant's Signature _____ Date _____

Employee's Signature _____ Date _____

INSTRUCTIONS FOR COMPLETING THE FINANCIAL DATA SECTION OF THE APPLICATION

The Financial Data section of the application should be completed by the employee. Information should be from a completed tax return or based on estimated information to be filed with the IRS/Revenue Canada.

1. **State/Province of residence** is the state/province where the parents reside and pay state/province income tax.
2. **Adjusted gross income** can be found on IRS FORM 1040 and is gross income reduced by specific adjustments allowed by law. For Canadian applicants, report Taxable Income (both parents).
3. **U.S./Canadian total federal tax paid** includes the total amount of **federal** income tax to be paid. This is **not** the amount withheld from employee's paychecks. (The amount withheld should be adjusted by any refund or additional taxes due.) **Do not** report state/province income tax.
4. **Total income** of parent(s) should be reported individually. Provide information for both natural parents when possible. **If the student resides with only one parent**, financial information **must** be received from the employee or member of the company sponsoring the scholarship program and from the parent who claims the child as a dependent for tax purposes. If a parent has remarried, the spouse's information is required if the spouse is a legal guardian of the student, or claims the student as a dependent, or the student is included in the spouse's benefit plan. **If necessary, two Financial Data sections may be submitted by the student.** A copy of the Financial Data section may be made in order for one to be completed by each parent.
5. **Untaxed income and benefits** (For U.S. applicants only) include any other income or benefits not included in the adjusted gross income figure. Do not include untaxed contributions to retirement plans.
6. **Medical and dental expenses** include only those expenses not paid by insurance. Do not include premium payments.
7. **Total cash, checking, savings, cash value of stocks, etc.**, includes liquid assets that can be used for educational expenses. **Do not include** IRA, 401k, RRSP, or other retirement plan funds.
8. **Total number of family members** living in the household and primarily supported by the reported income may include:
 - the applicant
 - the applicant's parents
 - other children living in the household
 - dependent college students living away from home
 - other people who live in the household and receive more than half of their support from the reported income
9. **Marital status** is the current status of the person from whom the financial information is submitted.
10. **Of the total number of family members on line 8, number of students attending college** includes family members attending a two- or four-year college, university, or vocational-technical school at least half-time. Include the applicant in this number. Do not include parents.

NOTE: Any exceptions to providing financial information as instructed above must be submitted to Scholarship America in writing.