# *Oregon Chapter American Public Works Association*
# $750 Veterans of the United States Military Commemorative Scholarship

## Biographical Data Form

1. Name: _____
   Last First Middle

2. E-mail Address: _____

3. Current Address: _____
   Street

   _____
   City State Zip Phone

4. Permanent Address: _____
   (if different) Street

   _____
   City State Zip Phone

5. Citizenship: _____ 6. Oregon resident since: _____
   Month/Year

7. High School: _____
   Name City & State Year of Graduation

8. Previous College or
   University attended: _____
   Name & Location Dates attended Total credits

9. Number of quarters completed: _____ Briefly describe major coursework: _____

   _____

10. Veteran Status: _____

11. Overall GPA: _____ GET GPA: _____ (attach copy of transcripts)

12. Scholarships/Honors: _____

    _____

**Student's Signature: _____ Date: _____**

Return this form and required application materials **to Laurie Allen, Oregon APWA Scholarship Committee. For additional information, see Veterans Scholarship criteria and procedures.**