



### Greater Houston Chapter – 2011 Scholarship Application

The Association of Pool & Spa Professionals is an international trade association of the pool and spa industry. The APSP Houston chapter will award one \$1,500 scholarship and two additional applicants will be awarded \$1,000 scholarships each. Applicants must be a member of APSP or sponsored by an APSP member company.

Whether it's you or someone you know in need of a scholarship please complete the following form in its entirety and include a photograph of the candidate.

Every application will be reviewed by a board member of the APSP Houston Chapter, but please be aware we will receive hundreds of applications and while we understand that you may have questions about the process, we cannot follow up with every application. **IF WE ARE INTERESTED OR HAVE ANY FURTHER QUESTIONS ABOUT YOUR APPLICATION, WE WILL CALL YOU. IT COULD BE SEVERAL MONTHS BEFORE YOU HEAR FROM US!**

Please enclose a picture of the applicant with the application. Please know that anything you send to us will not be returned and becomes the property of The Greater Houston Chapter of APSP so please do not send original house paperwork, sentimental items or sentimental photographs.

If you are nominating someone you know, please include their information throughout the application. There will be a separate spot on the application for your contact information.

Thank you and good luck!  
The APSP Houston Chapter Scholarship Committee

Today's Date: \_\_\_\_\_

**Part 1: Applicants Information**

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

If the applicant has a MySpace page, facebook, blog or website of any kind please list below:

_____	_____
_____	_____
_____	_____

Is there a picture of the applicant enclosed with your application? Y / N

Employer's name and phone number:

\_\_\_\_\_

**\*IMPORTANT\*** Have you ever been convicted of or been charged with a crime? (It could be as simple as a driving violation or as serious as armed robbery) Be Honest. We will find out sooner or later through our comprehensive background checks. Y / N

If yes, please describe (including dates):

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In the event that you are selected, will you be able to provide W2's and/or your tax returns for the last three years? (Please do not include them now) Y / N

If not, please describe:

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In the event that you are selected, will you be able to provide a social Security Number. Y / N  
(Please do not include them now)

If not, please describe:

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In what activities (professional or scholastic), community organizations, charity groups, etc. have you participated in:

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What are your proudest achievements?

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Describe your goals based on the five following suggested topics:

1. Education:

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2. Personal:

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4. Career:

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Do you have armed services experience? Y/N

If yes, please describe (including dates):

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## Part 2: Education Information (college or technical school applicants)

\*This is the address to which your scholarship award will be sent. Please check with your college financial aid office to be sure the address is correct so you will receive proper credit. You will have an opportunity to give us this information after you receive notification that you have received an award.

Name of High School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Rank in Class: \_\_\_\_\_ of \_\_\_\_\_ SAT/ACT: \_\_\_\_\_ / \_\_\_\_\_ GPA (weighted): \_\_\_\_\_

Name of College (Undergraduate): \_\_\_\_\_

Entrance Year: \_\_\_\_\_ GPA: \_\_\_\_\_

Name of College (Postgraduate): \_\_\_\_\_

Entrance Year: \_\_\_\_\_ GPA: \_\_\_\_\_

College Financial Aid Office Address\*: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

## Part 3: Sponsor Information (must be an APSP member or employed by a member)

Sponsoring Member (Company Name & No.) \_\_\_\_\_

\_ I am an employee of above company. How many years employed? \_\_\_\_\_

\_ I am a dependent of:  Owner  Employee (Check one)

How many years employed by this company? \_\_\_\_\_

**If you are nominating someone, please include your information:**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to the applicant: \_\_\_\_\_

*If selected, you may be filmed, videotaped and photographed, and your name, image and likeness may be used in or to publicize this event. By signing below, you waive any rights of privacy or publicity in connection with this production and certify that all information stated by you on this application form is true.*

\_\_\_\_\_ Date: \_\_\_\_\_  
(Applicants Signature)

\_\_\_\_\_ Date: \_\_\_\_\_  
(Guardian Signature)

Please send completed Application **by October 15, 2011** to:

APSP Greater Houston Chapter  
1320 McGowen St.  
Houston TX, 77004