



1700 Diagonal Road, Suite 650  
Alexandria, VA 22314  
Ph: (703) 683-5213  
Fax: (703) 683-4074  
[www.thefactsaboutwater.org](http://www.thefactsaboutwater.org)

Dear Scholarship Applicant:

Thank you for your interest in the DWRF Kristin Safran College Scholarship Award. This letter outlines the criteria and application information.

**DWRF Kristin Safran College Scholarship Award:**

- \$2000 annual scholarship awarded to one recipient OR \$1,000 to two recipients

**Application Deadline:**

- June 30, 2014 (all materials should be postmarked by this date)

**Award Date:**

- September 2014 (*applicants will be notified of selection via mail and/or email*)

**Application:**

- Application/transcripts and letter of recommendation submitted directly to DWRF headquarters:  
Kristin Safran College Scholarship Award  
C/o Drinking Water Research Foundation (DWRF)  
1700 Diagonal Road, Suite 650  
Alexandria, VA 22314  
Fax: (703) 683-4074

**Receipt of Application Confirmation:**

- DWRF will provide a receipt via email to indicate that an application has been received and reviewed for consideration.

**Eligibility:**

- Children and grandchildren of IBWA member company employees'

**Criteria for High School Senior:**

- Completion of the entire Application Form
- Ranks in the top 20% of his/her class for the current school year or proof of academic excellence
- Copy of letter of acceptance from an accredited undergraduate four-year college/university
- High school transcript (Note: this must be attached for application consideration)
- Letter of recommendation (sealed and official)

For further information, please submit your questions via email to Claire Crane at [ccrane@bottledwater.org](mailto:ccrane@bottledwater.org) or Tamika Sims, Ph.D. at [tsims@bottledwater.org](mailto:tsims@bottledwater.org) .

Sincerely,

**Jack West,  
DWRF Chairman**



## DWRF Kristin Safran Scholarship Award Application 2014

**PAGE ONE OF APPLICATION** (completed by High School Seniors)

(A DWRF Application Number will be assigned upon receipt)

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

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

City, State and Zip-code: \_\_\_\_\_

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

Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

IBWA Member Company Name: \_\_\_\_\_

Relationship to IBWA Member Company: \_\_\_\_\_

*(Please insert name and check eligibility below)*

Name of IBWA Member company employee: \_\_\_\_\_

Signature of IBWA Member company employee: \_\_\_\_\_

\_\_\_ Child of IBWA Member company employee

\_\_\_ Grandchild of IBWA Member company employee

High School you are currently attending: \_\_\_\_\_

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

City, State & Zip-code \_\_\_\_\_

Contact person: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

College/University you've been accepted to: \_\_\_\_\_

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

City, State & Zip-code: \_\_\_\_\_

Contact person: \_\_\_\_\_

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

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

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**For Office Use Only**

**DWRF Student ID Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Application receive date:** \_\_\_\_\_

**Award recipient date:** \_\_\_\_\_



## DWRF Kristin Safran Scholarship Award Application 2014

### PAGE TWO OF APPLICATION

*(Application Number provided by DWRF)*

High School Senior, please provide a **brief description** of the items listed below: (Do not specifically provide a company name or employee name in any of your answers if they are affiliated to the bottled water industry as a bottler, distributor, or supplier. Use something similar to "Company X" or "Employee YZ".)

1. Academic Achievements: (e.g., honors, awards)
  
2. Extracurricular school activities grades 9-12 and years participated:
  - a. Activity
  
  - b. Years Participated
  
3. Community Activities/Community Service
  
4. Special Recognition/Leadership Roles
  
5. Work Experience

#### **Education and Career Objectives Essay:**

On a **separate** piece of paper, please state your education and career objectives.

Also incorporate the reasons you believe you deserve this scholarship (300 count-typed, one-page letter).

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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***For Office Use Only***

***DWRF Student ID Number:*** \_\_\_\_\_

***Date:*** \_\_\_\_\_

***Application receive date:*** \_\_\_\_\_

***Award recipient date:*** \_\_\_\_\_