

2009-2010 CASFM Ben Urbonas Scholarship Application

CASFM has \$2500 available to award to students for the **2009-2010 academic year**. Application packages must be **received** by **March 19, 2010**. Applicant's name must appear on all pages submitted.

Complete *all* sections of this application and mail or fax to:

CASFM Scholarship Committee
% Urban Drainage and Flood
Control District
2480 W. 26th Ave., Suite 156-B
Denver, CO 80211

Scholarship Purpose: The purpose of this scholarship is to promote interest among students and the engineering community in the Colorado Association of Stormwater and Floodplain Managers (CASFM) and to promote the goals of CASFM.

Applicants must be U.S. citizens enrolled in a graduate program closely related to CASFM's goals at a College or University in the State of Colorado and be registered to take at least 3 credit-hours of coursework per semester. Eligible programs of study include, but are not limited to, hydrology, hydraulics, watershed management, floodplain management, stormwater management, stormwater quality, emergency response, meteorology and climatology. The scholarship recipient will also have the option to make a brief presentation on their research project at the **2010** annual CASFM conference held in September in **Snowmass**, Colorado. Registration and three nights lodging at the conference is included if the recipient commits to make a presentation by the call for papers deadline (typically late March). For more information about CASFM, please visit our website at www.casfm.org.

Selection Process: Three applicants will be short-listed based on this application and a short essay (up to 500 words) describing their personal and career goals and how they relate to the goals of CASFM. Short-listed applicants will be notified on or about **March 30th**. A panel will hold a short (20-30 minute) interview with short-listed applicants on the week of **April 5th** at a location to be determined (either Fort Collins or Denver). The successful candidate will be notified by **April 9th**. Funds will be disbursed by check directly to the student.

General Information:

Name: _____

E-mail Address: _____

Home Address: _____

School Address: _____

Phone Number: Home (_____) _____ School(_____) _____

Citizenship: _____

Permission to Release Information:

By signing this application, I certify that the information contained in this application is true and correct, and I authorize CASFM and its delegates to confirm and/or release any information included on this application.

Applicant's Signature: _____

Date: _____

Academic History:

High School:

Name/City/State: _____

Date of Graduation: _____

Undergraduate College / University:

Name: _____

Major / Minor: _____

Address: _____

Phone: () _____ Date Admitted: _____

Advisor: _____

Degree Conferred (with date): _____

GPA: _____

Current College / University (at which scholarship will be applied):

Name: _____

Program / Field of Study: _____

Address: _____

Phone: () _____ Date Admitted: _____

Advisor: _____ Credits this Year: Fall Spring

Anticipated Degree Conferred (with date): _____

GPA: _____

Proof of registration and social security / student number will be required before disbursement of the award(s).

References (Please provide three references, either academic or professional.):

Name: _____

Employer/Position: _____

Address: _____

Phone: (_____) _____ Type(Academic, Professional, Personal, Circle one)

Dates Known: _____

Name: _____

Employer/Position: _____

Address: _____

Phone: (_____) _____ Type(Academic, Professional, Personal, Circle one)

Dates Known: _____

Name: _____

Employer/Position: _____

Address: _____

Phone: (_____) _____ Type(Academic, Professional, Personal, Circle one)

Dates Known: _____

Relevant Work Experience (Please list most recent experience first.):

Employer: _____
Address: _____
Phone: () _____ Dates: _____
Position: _____
Supervisor: _____ May we Contact? (Yes, No, Circle one)

Employer: _____
Address: _____
Phone: () _____ Dates: _____
Position: _____
Supervisor: _____ May we Contact? (Yes, No, Circle one)

Employer: _____
Address: _____
Phone: () _____ Dates: _____
Position: _____
Supervisor: _____ May we Contact? (Yes, No, Circle one)

Employer: _____
Address: _____
Phone: () _____ Dates: _____
Position: _____
Supervisor: _____ May we Contact? (Yes, No, Circle one)