



Personal Information

Full Name: _____
Last *First* *M.I.*

Parents Name: _____
Last *First*
Applicants must be a child or legal ward of a NuWave Technology internet, security, or smart home customer

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: _____ Alternate Phone: _____

Email _____

School Information

School Name: _____ Year _____
Area of Interest _____ College of choice _____

Send submissions to:

Submissions should include: *contact form and 2-page double-spaced essay.*

Essay topic: *Importance of giving back to the community*

Email: donb@nuwavetechinc.com with the subject: Scholarship

Mail:

NuWave Technology, Inc.
3259 St Rt 219
Coldwater, Ohio 45828

NuWave Technology use only

Notes: _____
