The Eastern Pennsylvania Water Pollution Control Operators Association, Inc.

APPLICATION FOR SCHOLARSHIP - FOR YEAR 2024

lame	of Applicant	
Addı	ress	
E-ma	nil Address	Phone ()
Appl	ying as, (check one) [] EPWPCOA	Member or [] Member's Child
Nam	e of EPWPCOA Member if applying for	r Child Scholarship
Date	funding is required if you receive a sch	nolarship(Must be used in calendar year awarded)
		questions and attach to this application form. Please read each y. Deadline for applications is March 31, 2024.
1.	List current & past employment, vol member of. (Specify when, where,	lunteer or community service, and organizations that you are a
2.	Scholarships awards are reserved for	r those persons who are actively pursuing a career in the s any activities in which you have been involved that demonstrates
3.	For what purpose do you intend to u institution(s), major (if applicable), or	se this scholarship? List name and address of educational course title(s) and number, and tuition fees. Please be specific!! If ourse transcript of your current year or most recent semester, either
4.	Explain how your course of study w	ill help you in working with the environment.
5. 6.		or future involvement with improving or protecting the environment? eive any other financial aid for your education?
	the following statements and if you agr gned application is required to successfi	ree, sign below. <u>Include this page as the first page of your application</u> . ully apply for a scholarship award.
		to the EPWPCOA. Inc. for their use in the consideration of a Scholarship
proce be he	understand that I must attend, <u>in person,</u> ess. Only one date will be scheduled annua eld on <u>May 22, 2024</u> , subject to change. T	the scheduled interview in order to successfully complete the applicationally for interviews. I must attend each year that I apply. The interviews will he date is also published in the Association's annual newsletter as well as will be contacted for final scheduling and location.
Schol	v v 1 11	cation process, I agree to provide the Association with a fully-completed I that this information may be used in a press release issued prior to my
* I u	understand that the purpose of this scholar	rship awards program is to financially assist individuals pursuing a course on of the environment, and I hereby certify that it is my intent to pursue
Sign	ature of Applicant	

The Eastern Pennsylvania Water Pollution Control Operators Association, Inc.

Scholarship Information Form

(Please Type or Print Clearly)

Applicant Information Name:____ First M/ILast (Jr/Sr)City Zip State Employer:____ (if currently employed) Position: _____ FT or PT (please circle) High School: _____ Graduation Yr: ____ Advanced Education: ____ School or Institution (Current or future enrollment) Current Year (Pick one) Type of Degree or Certificate Curriculum / Major Graduation Yr **Educational Institution Information** (For Payment of Award) Name of School:

Check is sent to the attention of:

Bursar / Comptroller / Registration / etc.

Student Number or other Identifying Number:

Information about the Award

- 1. The Scholarship is for the calendar year awarded and must be utilized before December 31st.
- 2. The Association shall not be responsible for any tax liability that the award may bring upon the recipient. (IRS Form 1099MISC will not be issued if the check is forwarded to the school.)
- 3. The recipient is required to notify the Association, in writing, of any changes with their educational plans, i.e., change of schools, failure to register, etc.
- 4. Any Scholarship payment, returned / refunded to the Association by any Institution for any reason, will not be reissued unless the Association was responsible for the causing the refund.
- 5. Completion of this form in its entirety is required to complete the Scholarship Application.
- 6. All references to the "Association" (regardless of capitalization) on this form or other related documents shall mean the "Eastern Pennsylvania Water Pollution Control Operators Association, Inc."

Certification and Release

By execution of this document, the Scholarship Award Recipient certifies that the above information is true and accurate to the best of his / her knowledge. The Recipient acknowledges that if any of the above information is found to be inaccurate, or the information upon the application as submitted is found to be inaccurate, the recipient agrees that the Award, as granted, may be withdrawn by the Association and or a refund by the recipient will be made. The Recipient authorizes the release of the above information to the Association for their use for administrative and/or Board of Directors' use purposes, publicity purposes, and for use by the Scholarship Committee. The Recipient also certifies that he / she understand that the Scholarship Award shall be used for its intended purpose and that the Association has no further responsibility except the payment and transmittal of the Award.

Signature of the Recipient	Date	
Type or print name		
If under the age of 18 - Signature of Parent or Guardian	Date	
Type or print name		

Please make of copy of this completed form for your files.