

**Eastern Pennsylvania Water Pollution Control  
Operators Association, Inc.**

**APPLICATION FOR SCHOLARSHIP - FOR YEAR 2026**

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_ Phone \_\_\_\_\_

Applying as, (check one)    ☐ EPWPCOA Member    or    ☐ Member's Child

Name of EPWPCOA Member if applying for Child Scholarship \_\_\_\_\_

Date funding is required if you receive a scholarship \_\_\_\_\_  
(Must be used in calendar year awarded)

**Prepare typed responses to the following questions and attach to this application form. Please read each question carefully and respond completely.      Deadline for applications is March 31, 2026.**

1. List current & past employment, volunteer or community service, and organizations that you are a member of. (Specify when, where, and in what capacity)
2. **Scholarships awards are reserved for those persons who are actively pursuing a career in the environmental field.** List and discuss any activities in which you have been involved that demonstrates your commitment to enhancing or protecting the environment.
3. For what purpose do you intend to use this scholarship? List name and address of educational institution(s), major (if applicable), course title(s) and number, and tuition fees. Please be specific!! If pursuing a college degree, include course transcript of your current year or most recent semester, either high school or college. ("unofficial" transcript is satisfactory) **Applicants currently working in the environmental field are not required to provide transcripts for first award.**
4. Explain how your course of study will help you in working with the environment.
5. What do you anticipated will be your future involvement with improving or protecting the environment?
6. Are you receiving, or eligible to receive any other financial aid for your education?

Read the following statements and if you agree, sign below. Include this page as the first page of your application.  
A signed application is required to successfully apply for a scholarship award.

\* *I consent to the release of this information to the EPWPCOA. Inc. for their use in the consideration of a Scholarship Award.*

\* ***I understand that I must attend, online using videoconferencing, the scheduled interview in order to successfully complete the application process. I must attend each year that I apply. The interviews will be held online using videoconferencing between April 27 and May 8 subject to change. The date is also published on our web site- [www.epwpcoa.org](http://www.epwpcoa.org). Applicants will be contacted for final scheduling.***

\* *In order to successfully complete the application process, I agree to provide the Association with a fully-completed Scholarship Information Form and understand that this information may be used in a press release issued prior to my receipt of any scholarship awarded to me.*

\* ***I understand that the purpose of this scholarship awards program is to financially assist individuals pursuing a course of study relating to the improvement or protection of the environment, and I hereby certify that it is my intent to pursue such a course of study.***

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Eastern Pennsylvania Water Pollution Control  
Operators Association, Inc.**

**Scholarship Information Form**  
(Please Type or Print Clearly)

**Applicant Information**

Name: \_\_\_\_\_  
First M/I Last (Jr/Sr)

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

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

Employer: \_\_\_\_\_  
(if currently employed)

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

Position: \_\_\_\_\_ [ ] FT or [ ] PT

High School: \_\_\_\_\_ Graduation Yr: \_\_\_\_\_

Advanced Education: \_\_\_\_\_  
(Current or future enrollment) School or Institution

Current Year [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] G [ ] N/A

\_\_\_\_\_  
Curriculum / Major Type of Degree or Certificate Graduation Yr

**Educational Institution Information** (For Payment of Award)

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

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

\_\_\_\_\_

Student Number or other Identifying Number: \_\_\_\_\_

Check is sent to the attention of: \_\_\_\_\_  
Bursar / Comptroller / Registration / etc.

### **Information about the Award**

1. The Scholarship is for the calendar year awarded and must be utilized before December 31<sup>st</sup>.
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.**