

WISCONSIN WASTEWATER OPERATORS ASSOCIATION
SCHOLARSHIP APPLICATION FORM

ASSOCIATE DEGREE _____ 4-YEAR DEGREE _____ Date: _____

SECTION 1

WWOA Member Sponsor Name (Last) (First) (Initial)

Home Address City State Zip

Phone (Area Code) Occupation WWOA Member No.

Employer Address

Scholarship Candidate Name (Last) (First) (Initial) (Soc. Sec. No.)

Home Address City State Zip

Phone (with Area code) College Name

Present Year in College 1-2-3 Grade Point Average

SECTION 2

What is your immediate goal? _____

High School Attended _____

Date of High School Graduation _____

College Credits _____

What term are you applying for? Fall _____ Spring _____ Date: _____

How many credit hours do you plan to take this semester? _____

What is your intended major? _____

Name of Student Counselor _____ Phone _____

SECTION 3

Please attach a summary of your academic plans and career goals in essay form. Summary must be at least 1 page, but no more than 2 pages in length. Please be specific.

I certify that the information submitted is true and I understand that falsification of any information by me to the Wisconsin Wastewater Operators Association for scholarship consideration may result in loss or forfeit of any scholarship funds.

I authorize any College or University to furnish and release academic performance to the Wisconsin Wastewater Operators Association pursuant to this application.

I certify I have read and understand the eligibility requirements of this scholarship application, and agree to all decisions of the WWOA Scholarship Committee as final regarding the disposition of this application.

Signature of WWOA Member Sponsor

Date

Signature of Applicant

Date

Submit the completed application and attachments to:

Wisconsin Wastewater Operators Association
Scholarship Committee Chairperson
Dennis Egge
1705 Meadowlark Drive
Janesville WI 53546

Revised May/2011