



AWWMA

Arkansas Water & Wastewater Managers Association

2018 AWWMA Scholarship Program

This program is for **active** AWWMA member utility employees and/or their dependents.

- The amount of scholarship depends on the number of hours taken:

6 Credit Hours	\$300.00
12 Credit Hours	\$600.00
- Eligible schools will be colleges, junior colleges, and Vo-Tech schools.
- If member utility reimburses employees' tuition costs for attending school, that employee is not eligible for the AWWMA scholarship.

Eligibility Process

1. The AWWMA Secretary will mail applications to managers with the Annual Meeting registration packets to be processed and returned to the Scholarship Committee. This normally occurs in May of each year. Applications are also available on the AWWMA website at www.arkwwma.org.
2. The number of applications that will be eligible for drawing is equal to the number of current active AWWMA members of your utility. In cases where a utility has more applicants than current active AWWMA members, the utility will have to choose which applicant will be eligible.
3. The Scholarship Committee must receive applications from utilities prior to the Annual Meeting each year.
4. A drawing will be held at the Awards Banquet each year at the AWWMA Annual Meeting.
 - A total of five (5) winners will be drawn.
 - Winners must send proof of registration postmarked no later than September 1 in the year they are chosen in order to receive scholarship money.
 - There will be five (5) alternates drawn at the Awards Banquet in the event winners do not qualify.
5. Scholarship money will only be mailed to the drawn winners after receiving **PROOF OF REGISTRATION** at an eligible school.
6. Return applications to: Susan Cloos, Scholarship Committee
c/o Watalula Water Association
P.O. Box 1121
Ozark, AR 72949



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2018 AWWMA Scholarship Application

Name of Applicant

Age

Street Address

City

State

Zip

Home Phone

Utility Represented

AWWMA Member Name

I am currently enrolled at (Name of Institution)

Phone (For Verification)

Street Address

City

State

Zip

I will be enrolling at (Name of Institution)

Phone (For Verification)

Street Address

City

State

Zip

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