



2020 AWWMA Scholarship Program

Application Deadline: June 12, 2019

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	\$500
12 Credit Hours	\$1000

- 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 for them to be processed and returned to 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, they 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. Drawing will be held at Awards Banquet each year at AWWMA Annual Meeting.
 - A total of ten (10) winners will be drawn.
 - Winners must send proof of registration postmarked no later than September 1 in the year which 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



2020
SCHOLARSHIP APPLICATION
APPLICATION DEADLINE: JUNE 12, 2020

Name of Applicant _____ Age _____

Street Address _____ City _____ State _____ Zip Code _____

Home Telephone Number _____ Utility Represented _____

I am currently enrolled: _____
Name of Institution _____

I will be enrolling in: _____
Name of Institution _____

Located at: _____
Street Address _____ City _____ State _____ Zip Code _____

Telephone Number for Verification _____

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