**SDAWWA Annual Scholarship**

1. The applicant, applicant’s utility system, or applicant’s parent (including step-parents and/or legal guardians) must have been a member of SDAWWA for three of the last five years including the year of application.

2. If the applicant is the SDAWWA member or if the applicant is an employee of an SDAWWA member utility water system, the applicant must be pursuing a degree or technical certification or license to further their careers in the water industry. The employer must not be funding the costs of such education.

3. If the parent of the applicant is the member of SDAWWA, the applicant must be pursuing a degree or technical certification or license at a college, university, or vocational technical school. Course of study is not a determining factor. The school attended may be in-state or out-of-state.

4. Applicant must complete the scholarship application and provide documentation of acceptance/enrollment in a post-secondary education institution from registrar of the institution.

5. Applicants must have not received the SDAWWA scholarship previously.

6. Applications must be received by **May 1** of each yearto be considered for the award. Recipient(s) will be notified no later than **August 15** each year.

7. If the parent is the member of SDAWWA, please attach a 100-500 word essay describing the parent’s positive contribution to the water industry. If the applicant is the SDAWWA member, describe your positive contribution to the water industry. This essay or any portion of it may be read or used during any award ceremony.

8.The Scholarship Committee will determine the recipient(s) via a lottery system. The winner(s) will be announced at the Annual SDWWA Conference in September.

**SDAWWA Annual Scholarship – Application**

**Please print legibly:**

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/Address of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Location (City and State) of

Post-Secondary Education Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who is the Member of SDAWWA?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership in SDAWWA for 3 of the

Past 5 Years Including Year of Application: \_\_\_\_ Applicant \_\_\_\_ Parent/Guardian \_\_\_\_ Member Utility

Name of Member Utility if Applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name/Address of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature of Applicant’s Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The Scholarship Committee will verify all above information.**

Please mail or e-mail this completed application, school enrollment documentation, and essay to the following address**:**

**SDAWWA Scholarship Committee**

**c/o SD AWWA**

**PO Box 353**

**Pierre SD 57501-0353**

**sdawwa@yahoo.com**