**Scholarship Application**

**Intermediate & Advanced School**

**March 17-21, 2014**

Scholarships covering the tuition for one course of study in the Intermediate & Advanced School will be awarded to four applicants employed by a town or municipality water or sewer district serving less than 10,000 residents within the state of Colorado.

Scholarships will be reviewed and awarded based on size of community served, location, and level of certification required for that entity by the scholarship review board.

Please note: transportation, meals, & hotel accommodations are not covered by the scholarship.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

County name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Tax-Exempt number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PWSID number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you work full-time or part-time for a Colorado public water system serving fewer than 10,000 people?

Yes No

If yes, you are eligible for the scholarship.

**Select course:**

Intermediate Water

Advanced Water

Intermediate Wastewater

Industrial Wastewater

Biosolids

Activated Sludge

Please share with us why you are interested in receiving this scholarship and why you feel you would be a great candidate to receive it:

What level of certification do you currently have?

How long have you been in your current position?

Please write your operator certification number:

**Submit application:**

Please complete and email the application to [Kristine.grosland@colorado.edu](mailto:Kristine.grosland@colorado.edu).