

SD AWWA Annual Scholarship - Application and Criteria

1. The applicant, applicant's utility system, or parent/step-parent/legal guardian of the scholarship applicant must have been a member of SD AWWA for 3 of the last 5 years, including the year of the application.
2. If the applicant is a SD AWWA member, or the employee of a utility member water system, they must be seeking higher education to further their careers in the water industry and an employer must not be funding the costs.
3. If the parent/step-parent/legal guardian of applicant is a member of SD AWWA, the applicant must be pursuing an undergraduate or technical degree at a college, university, or vocational technical school. Course of study will not be a determining factor. The school attended may be in state or out of the state of South Dakota.
4. Provide documentation of acceptance/enrollment in a post-secondary educational institution from registrar of the institution.
5. Applicants must have not received the scholarship previously.
6. Applications must be received by July 1st to be considered for the award. The recipient(s) will be notified no later than August 15th.
7. Attach a brief 80 to 100 word paragraph describing your parent/guardian's positive contribution to the water industry. If you are the SD AWWA member, describe your positive contribution to the water industry. This paragraph, or a portion of it, may be read during the award ceremony.
8. The Scholarship Committee will determine the recipient(s) via a lottery system and notify them no later than August 15th. The winner(s) will be announced at the Annual SDWWA Conference in September.

Please print legibly

Date of Application: mm/dd/yyyy _____

Name and address of applicant: _____

Email address: _____

Phone number: _____

Name and location (city and state) of post-secondary educational institution _____

Membership in SD AWWA for 3 of the past 5 years, including year of application Applicant Parent/Guardian Member Utility

Parent/Guardian name, address, and phone (if required) _____

Signature of Applicant: _____

Signature of Applicant's parent/guardian who is a member of SD AWWA (if required) _____

The scholarship committee will verify all information. Please mail this completed form and enrollment documentation to the following address:

SD AWWA Scholarship Committee
c/o Liz Dunn
205 19th Street NE
Watertown, SD 57201