



Operations Specialist Training Assistance Scholarship Application Form

Incomplete applications will not be considered. Please fill out the application in its entirety. **If an item is not applicable, please indicate with "N/A".**

Personal Data of Applicant

Name: _____
Last First Middle

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Are you a Veteran? Yes No

Email Address: _____

Current Employment Status (Full time, part time, unemployed): _____

Essay

Please attach a short essay, no more than 400 words in length, with this application. Essay should address your utility's financial needs, the details of why this assistance would benefit you, and how you plan you use the assistance to meet your utility's needs.

Utility Information

Current utility that you work for or are training for (if you work for multiple, please list all that apply):

Population served: _____

Do you hold a current drinking water or wastewater or backflow assembly tester license? Yes No

If yes, please list all licenses: _____

Is your utility an IRWA member in good standing? Yes No

Are you currently in the IRWA Apprenticeship Program? Yes No

Financial Necessity

Please provide an estimate of how much money your system has in financial reserves (this helps the Scholarship Committee determine those with the most need): _____

Does your system currently have a loan with USDA, DEQ grants/loans, NRWA loan, USACE grant/loan, private source grant/loan, or something similar: Δ Yes Δ No

If answer is “Yes,” please specify the type of financial assistance your utility is receiving:

Does your utility plan to apply for a loan with USDA, DEQ grants/loans, NRWA loan, USACE grant/loan, private source grant/loan, or something similar within the next year: Δ Yes Δ No

If answer is “Yes” to the above question, please specify the type of financial assistance your utility plans to obtain: _____

Training Needs

What do you need assistance with? *Check all that apply.*

day trainings (i.e. classroom) _____ conference attendance _____ books and study material _____
online training _____ examination fees _____ application fees for license exam _____

Payment Details

Payment should be made payable to:

Training Provider Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____

Email Address: _____

Reference Number (invoice #, registration #, etc.): _____

In submitting this application, I certify that the information provided in this application is complete and accurate to the best of my knowledge. I have read and understand the scholarship eligibility requirements. If awarded a scholarship, all funds received shall be used for higher learning indicated in this application. False information submitted as part of this application will result in the revocation of any scholarship granted. Application for scholarship constitutes permission to use applicant’s name and/or likeness for purpose of promotion of this scholarship.

Applicant Signature: _____ Date: _____

Completed applications and any supporting documents may be submitted by either emailing to office@idahoruralwater.com or sending via mail to:

IRWA
6395 W. Gowen Rd.
Boise, ID 83709

If you have questions, please contact the IRWA office at 208-343-7001.