

## **Scholarship Application**

System Name:					
System Address:	(STREET)		(CITY)		(STATE)
Contact Name:(FIRST)	Title / Position				
Phone:		Email:			
Congressional District #: 1 2 3 4 (SEE REVERSE FOR DISTRICT MAP) (CIRCLE SELECTION)		County:		_ Population:	
Total Water Connections: Total Sewer Connections:					
Current Water Rates: (Initial) \$		Per	Gal	Gallons.	
(Overage) \$		Per	Gallons.		
How many full-time open	cators does the system	m currently em	ıploy?		
Does the system currently	v utilize contract op	erators? (Yes	or No)		
Is the system willing to partice Full Name: _					
Apprentice Phone:					
Is the listed apprentice cu					
Does the apprentice meet			•		es or No)
College Degr	ee App	rentice In	formation	First Res	ponder
Associates 1	Masters	Circle All Th	at Apply	EMS	Police
Bachelors (	Other		11 /	Fire	Other
If Other Please Bre		If Other Please Breifly Describe:			
		<del></del>			

Military Status:
Circle Selection

Veteran: Yes or No

## Why does the system need wages offset?

(50 Words or more.)



Email completed application to: rturnage@msrwa.org

The wage offset is for 640 hrs at a rate of \$7.50 hr. This is over a two-year period, for a total of \$4,800. This amount is to be paid upon graduation.

