

New England Water Environment Association Edward A. Kowsz Memorial Scholarship



Application

Name (Last, First, M.I.): _____

Telephone: _____

Address: _____

Email _____

Membership Information

NEWEA Membership ID#: _____

Affiliated State Association (ASA) (check all that apply): CT MA ME NH RI VT

Employment/Certification Information

Company Name: _____

Telephone: _____

Are you certified? Yes No

Address: _____

If yes, indicate **Type** **Grade**

Wastewater _____

Laboratory Analyst _____

Supervisor: _____

Collection _____

Position/Title: _____

Status (check one): Operations Maintenance Laboratory Other _____

Brief Description of Duties: _____

Training Program Information

Name of training program for which scholarship will be used: _____

Attach a brief program outline or brochure.

Estimated Cost of Training

Tuition _____

Room & Board _____

Travel _____

Total _____

Mail To:

NEWEA
10 Tower Office Park, Ste 601
Woburn, MA 01801
Phone: 781-939-0908
Fax: 781-939-0907
Email: mail@newea.org