



**POOL &
HOT TUB
ALLIANCE**

2025 SCHOLARSHIP PROGRAM APPLICATION

SCHOLARSHIP PROGRAM APPLICATION INSTRUCTIONS

2025 PROGRAM YEAR

Seeking to improve public health by creating a safer aquatic environment and by attracting more people to aquatic exercise through education and research, the Scholarship Program was founded to honor public swimming pool or spa operators who have pursued further education to better protect public health.

The following scholarship awards are available. Recipients of specific awards will be determined after reviewing all applications.

- Board Scholarship (2) \$2,000
- Foundation Scholarship (up to 12) \$1,000

To be considered for a scholarship, the applicant must hold a CURRENT Pool & Hot Tub Alliance certification (CPO, CMS, CST, CSP, CHTT, CPI, CBP, ACBP, ECBP, MCBP), be an ACTIVE PHTA instructor, or be an immediate family member of any of the above, and submit a completed application package.

SCHOLARSHIP APPLICATION PACKAGE REQUIREMENTS

Consideration will not be given to incomplete application packages.

- ☐ 1. A completed Scholarship Program Application.
- ☐ 2. A biographical sketch of the applicant (less than 300 words).
- ☐ 3. A complete resume or curriculum vitae of the applicant, including extracurricular activities, awards, etc.
- ☐ 4. A high-resolution (1MB file size or larger) digital photo of the applicant.
- ☐ 5. An essay of between three and five double-spaced, 12 pt. font, typed pages covering the following topic:

Many communities face the challenge of keeping aging public pools open as repair costs rise and funding becomes limited. Describe how you would work to engage local Pool & Hot Tub Alliance (PHTA) chapters; PHTA member companies; and community leaders such as commissioners, mayors, and other officials to find solutions. Explain how you would encourage collaboration between businesses and community organizations to raise support, secure resources, and repair the pool. Share your ideas for how the restored pool could be used to offer low-cost or free learn-to-swim lessons, helping more families gain access to lifesaving swim education. Be sure to include how building partnerships could create long-term opportunities for your community.

- ☐ 6. Official academic transcript(s) from current academic institution and previous academic transcripts if applicant has been enrolled for less than two years.
- ☐ 7. For high school seniors or recent graduates, a copy of the applicant's most recent SAT or ACT scores.
- ☐ 8. Two letters of recommendation from teachers or college professors.

Deadline: To be considered for the 2025-2026 academic year, the complete application package must be received no later than Monday, July 14, 2025.

Award Notification: Award recipients will be notified on or before August 1, 2025. Upon award, payment will be submitted directly to the college or university. Awards cannot be paid directly to students. Only one scholarship per applicant will be awarded. Previous award recipients are ineligible for consideration.

APPLICATION PACKAGE SUBMISSION

Submit the entire application package in one (1) correspondence via post or email to the following:

PHTA Scholarship Program | 1650 King Street, Suite 602 | Alexandria, VA 22314 | awards@phta.org

2025 SCHOLARSHIP PROGRAM APPLICATION

APPLICANT INFORMATION

Full Name of Applicant _____ Date of Birth _____
Home Address _____
City _____ State _____ Zip Code _____
Home Telephone _____
E-Mail Address (Home) _____ E-Mail Address (School) _____
Name of School _____
School Address _____
City _____ State _____ Zip Code _____
To which address should correspondence be sent? ☐ Home ☐ School
Applicant's Relationship to Certification Holder/Instructor _____
Intended Career Path _____

PARENTAL INFORMATION (for applicants under the age of 18)

Name of Parent/Guardian _____

EDUCATIONAL INFORMATION (applicants enrolled in a college or university do not need to complete high school information)

Name of High School _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Year of Graduation _____
Rank in Class _____ of _____ SAT / ACT _____ GPA (Weighted) _____
Name of College or University (Undergraduate) _____
Date of Entrance _____
GPA _____
Complete Address of College or University Financial Office Where Award Should be Sent¹

Declared Major/Minor (if applicable) _____

Anticipated Graduation Date and Degree _____

Applicant Signature² _____ Date _____

Parent/Guardian Signature³ _____ Date _____

- 1 Award payment will be submitted directly to the college or university. Student assumes responsibility for obtaining accurate and complete information. Failure to do so may result in a delay or cancellation of funding.
- 2 By signing, the applicant attests to the accuracy of the information, agrees to the terms and conditions of the program, and authorizes use of applicant's name, photograph, biographical information, and/or research information in publications and/or promotional information.
- 3 Parent/Guardian Signature is required for applicants under the age of 18.

SUBMIT FORM

PRINT FORM

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