



# GREG GARRETT SCHOLARSHIP AWARD

POWERED BY THE POOL & HOT TUB ALLIANCE

## Application Form

### Part I. To be filled out by the Nominator.

Name of Person Submitting This Form: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check one of the following:

- I am a PHTA member nominating myself.
- I am nominating someone else.

### Part II. Complete this section if you are nominating someone else.

Name of Individual Being Nominated: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Part III. Recommendation Forms.

List two individuals who will provide recommendation forms. You are responsible for sending the recommendation forms to them. Please instruct each individual to email their completed form to [awards@phta.org](mailto:awards@phta.org) by September 15, 2023.

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Email: \_\_\_\_\_

Please email the application form to [awards@phta.org](mailto:awards@phta.org) by Friday, September 15, 2023.



# Greg Garrett Scholarship Application Form

## **Part IV. Questions for Nominee.**

Minimum: 250 words; Maximum: 500 words

1. How long has the nominee been a member of PHTA and how has it benefited the nominee personally and the nominee's company?

2. Describe the nominee's goals as they relate to education and/or certification.

3. If awarded, please describe how the Greg Garrett Scholarship Award would be spent.