



SCHOLARSHIP PROGRAM APPLICATION INSTRUCTIONS

2021 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 by achieving Certified Pool & Spa Operator® Certification.

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 be an ACTIVE Certified Pool & Spa Operator®, CST® Certified Service Technician, SWD Master, Instructor, or 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 résumé or vitae of the applicant, including extracurricular activities, awards, etc.
4. A high-resolution digital photo of the applicant
5. An essay of between three and five double-spaced, 12 pt. font, typed pages covering the following topic:

Imagine that you are applying for a grant to provide a community with an aquatic facility. You have engineers to handle the technical details, but the granting agency wants to know what elements you would include in your facility. Please discuss what the individual, community and societal benefits of each element might be. Provide documentation from the literature to support your plan.

If your position(s) are supported by research, inclusion of citation to peer-reviewed or scholarly journal article(s) would be viewed favorably. Most high school, college, and public libraries have access to databases that contain these sources. Please consult your librarian for access to these areas if you need assistance.



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: Scholarships are awarded for the fall semester of each year. To be considered for the fall 2021 semester, the complete application package must be received **no later than July 7, 2021**.

Award Notification: Award recipients will be notified on or before August 1, 2021. 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:

Scholarship Program
2111 Eisenhower Avenue, Suite 500
Alexandria, VA 22314
rgaines@phta.org



SCHOLARSHIP PROGRAM APPLICATION INSTRUCTIONS 2021 PROGRAM YEAR

Please review Scholarship Program Application Instructions for Complete Information on Application Requirements

Please type all 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

Intended Career Path _____

PARENTAL INFORMATION (for applicants under the age of 18.)

Name of Parent/Guardian _____

Applicant's Relationship to Certification Holder/Instructor* _____

Certification/Instructor Number _____

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 _____

Telephone No. _____ 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 Sent ¹ _____

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.