



## 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®, AST® Certified Advanced 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 2020 semester, the complete application package must be received **no later than June 1, 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  
4775 Granby Circle  
Colorado Springs, CO 80919-3131  
dolores.malocsay@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 <sup>1</sup>  
\_\_\_\_\_

Declared Major/Minor (if applicable) \_\_\_\_\_

Anticipated Graduation Date and Degree \_\_\_\_\_

Applicant Signature<sup>2</sup> \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature<sup>3</sup> \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup> 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.

<sup>2</sup> 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.