



# IPSSA SCHOLARSHIP FUND APPLICATION

One application per class or program. Multiple applications permitted.

Available to all self-employed pool/spa service professionals.

(Rev. 1/11)

## To be eligible for a grant:

- **ALL sections on the application must be answered completely, including the applicant's signature.**
- **Applications must be submitted within 18 months of course completion.**
- **Grants are awarded once each year. Complete application packet must be received by December 1<sup>st</sup>.**
- **Scholarship funds are limited; partial grants may be awarded.**
- **Grants will only be awarded after successful completion of a course.**
- **All Applications MUST include:**
  - 1) A business card.
  - 2) A copy of current business license, or a signed statement declaring a business license is not required.
  - 3) A copy of the receipt for the course.
  - 4) A copy of the verification of successful course completion/certificate.
  - 5) And a copy of the license received as a result of a preparatory course.

**All incomplete applications will be returned for resubmission, but must continue to meet stated deadlines.**

1. Name of Applicant: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax : \_\_\_\_\_

2. Are you self-employed in the pool/spa service industry (at least 50% of your net income)? Yes \_\_\_\_ No \_\_\_\_  
**(If Yes, continue; if No, you are not eligible for an IPSSA grant)**

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Years in business: \_\_\_\_\_ Business license # \_\_\_\_\_ City/County/State: \_\_\_\_\_

3. List the name of the course and describe in detail the purpose, content, and applicability to your business  
(additional information may be included on a separate sheet)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Cost of course: \$ \_\_\_\_\_ Course completion date: \_\_\_\_\_

5. Is this course legally required for licensing/operating your business? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Name, address and contact phone number of the institution/organization providing the course:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Certification:**

I certify that the information provided in this application is true and accurate. I understand that the information provided becomes the property of the Independent Pool and Spa Service Association Inc., (IPSSA) and that awards granted are at the sole discretion of the IPSSA Scholarship Committee. In the event that an award is made to me, I understand that my name and some of the information contained in this application may be used for promotional purposes.

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Fax to 888-368-0432 or mail to IPSSA Scholarship Fund, 10842 Noel Street #107, Los Alamitos, CA 90720  
Questions? Call 888-360-9505 or email [info@ipssa.com](mailto:info@ipssa.com)**