



# IPSSA SCHOLARSHIP FUND APPLICATION

One application per class or program. Multiple applications permitted.  
(Rev. 5/5/08)

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

2. Are you or an immediate family member self-employed in the pool/spa service industry (at least 50% of your income)? Yes \_\_\_ No \_\_\_ (If Yes, continue; if No, go to #3)  
  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Years in business: \_\_\_\_\_ Business license #/City/County: \_\_\_\_\_

3. If you are not self-employed, you must have an immediate family member who is self-employed in the pool/spa service industry. **Unfortunately if you are not self-employed and do not have an immediate family member in the pool/spa service industry we cannot accept your application.**

Name of Family Member: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Years in business: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

4. Please list the name of the course and describe in detail the purpose, content and applicability to your business:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Cost of course: \$ \_\_\_\_\_ Completion date: \_\_\_\_\_

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

7. Have you received a grant from the IPSSA Scholarship Fund in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

**To be eligible for a grant:**

- Applications must be complete.
- Applications must be submitted within 12 months of course completion.
- Applications must be received in the IPSSA executive office by December 1<sup>st</sup>. Grants are awarded once each year.
- Include a business card and a copy of the current business license.
- Include a copy of the receipt for the course, verification of course completion and a copy of any license received as a result of 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 are granted 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: \_\_\_\_\_