



# IPSSA SCHOLARSHIP FUND APPLICATION

One application per class or program. Multiple applications permitted.

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

(Rev. 2/10)

## To be eligible for a grant:

- **ALL** sections on the application must be completed. Your application must be signed to be valid.
- Grants are awarded once each year.
- Applications must be submitted within 18 months of course completion.
- Applications must be received in the IPSSA executive office by December 1<sup>st</sup>.
- Scholarship funds are limited; partial grants may be awarded.
- Applications MUST include:
  - 1) A business card.
  - 2) A copy of your current business license.
  - 3) A copy of the receipt for the course.
  - 4) Verification of course completion.
  - 5) A copy of any license received as a result of the 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  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Additional information may be included on a separate sheet.**

### **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:** \_\_\_\_\_