



IPSSA SCHOLARSHIP FUND APPLICATION

One application per class or program. Multiple applications permitted.

Personal Data:

1. Name of Applicant: _____
 Home Address: _____
 City: _____ State: _____ Zip _____
 Telephone: Work _____ Home _____
 Email: _____ Fax : _____

2. Are you self-employed in the pool and spa service industry? (at least 50% of your income)
 Yes ___ No ___ **(If Yes, continue; if No, go to Question #3)**

Company: _____
 Address: _____
 City: _____ State: _____ Zip _____
 Telephone: Work _____ Home _____
 Email: _____ Fax : _____
 Years in business: _____ **Include your business card with this application.**
 Business license #/City/County **(include a copy)**: _____

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 industry we cannot accept your application.**

Name of Family Member: _____
 Relationship: _____
 Years in business: _____
 Company: _____
 Address: _____
 City: _____ State: _____ Zip _____
 Telephone: Work _____ Home _____
 Email: _____ Fax: _____

Program Information. Explain all answers in detail. Use additional sheets if necessary.

4. Type of educational grant you seek: Trade School _____ College Course _____ Other _____

5. Course of study for which funds are being applied. Describe in detail:

Cost of program: \$ _____ Have you enrolled? ___ Yes ___ No.

- If yes, **please include a copy of the program receipt.**
- If no, **please include documentation from the school as to the program cost (check will be issued directly to the school)**

6. Name and address of institution/organization providing course of study:

Date course begins/ends: _____ / _____

7. Why do you want to take this program or course of study?

8. How will this course of study help you in your business?

9. Do you volunteer in our industry or your community? Please describe:

10. What are your goals in the swimming pool/spa industry?

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: _____

If applicant is not self-employed in the swimming pool/spa service industry, the qualifying family member must also sign the certification:

Signed: _____ Date: _____

All grants are paid, for qualified courses, with either proof of payment or with documentation from the school as to the program cost.

- **Mail to: IPSSA Scholarship Fund, P.O. Box 15828, Long Beach CA 90815-0828**
- **Call the IPSSA executive office with any questions at 888-360-9505.**
- **Include: your business card and a copy of your business license**
- **If you have enrolled in the course, submit a copy of the program receipt.**
- **If you have not enrolled in the course, submit documentation from the school as to the program cost.**
- **Applications are considered for scholarship awards once a year in January. Applications must be received in the IPSSA executive office by December 31st to be considered for a scholarship at that time**

(Rev. 01/07)