



**INDEPENDENT POOL & SPA SERVICE
ASSOCIATION, INC.**

IPSSA: Knowledge through Community, Education & Support

PO BOX 254645
SACRAMENTO, CA
95865
888-360-9505
888-368-0432 (FAX)
info@ipssa.com

IPSSA EDUCATION FUND INDIVIDUAL APPLICATION

To be eligible for a Scholarship

- ALL questions on the application must be answered completely, including the applicant's signature.
- Applications must be submitted within ninety (90) days of course completion.
- Scholarships will only be awarded after successful completion of a course.
- Completed applications will be reviewed quarterly by the Education Committee.
- Scholarships are awarded quarterly.
- One application per class, maximum two submissions per calendar year
- Applicants may receive up to \$200 per individual application, with a maximum of two applications per calendar year. Applicants that received a discount for classes sponsored by IPSSA are NOT eligible for an individual Scholarship for the same class.

The amount of each Scholarship award varies by the budget.

All applications MUST include all of the following:

1. A business card or other proof of self-employment
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. A copy of the license received as a result of any preparation course.

All incomplete applications returned for resubmission must meet stated deadlines.

Name _____

Home Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Company _____

Address _____

City _____ State _____ Zip _____

Years in business _____ Business License # (if applicable) _____

City/County/State awarded _____

Are you self-employed in the pool/spa service industry (at least 50% of your net income)? Yes _____ No _____

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.

Cost of course \$ _____ Course completion date _____

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

Have you received any reimbursement for this class? No _____ Yes _____

If yes, how much and from whom?

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 Education 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 _____

Email completed application and all required documents to info@ipssa.com

Questions? Call 888-360-9505