

AWWA NEBRASKA SECTION Scholarship Reimbursement Application

PLEASE TYPE OR PRINT LEGIBLY

Name of PWS or individual to be reimbursed: _____

Name of the PWS that the individual(s) serve as operators: _____

Mailing Address: _____

Street Address
City
State
Zip Code

Name(s) of Operator(s) Attending Course, Seminar or Workshop	Approved Hours	Water Operator Grade	Certificate Number	Certificate Expiration Date	Volunteer or Salaried

Name of Course/Seminar/Conference: _____

Location of Course: _____ Course Date(s): _____

Description of Cost:
 (Attach Receipts or Other Verification)

Registration Fee: \$ _____ X _____ = Total: \$ _____

Certification Fee: \$ _____ X _____ = Total: \$ _____

Materials Fee: \$ _____ X _____ = Total: \$ _____

Examination Fee: \$ _____ X _____ = Total: \$ _____

Mileage Start: _____ Mileage Stop: _____ = Total Miles: _____ X \$0.375 = Total: \$ _____

Traveled From: _____ To: _____ and Return

For Volunteer Operators Only:

Meals: (Attach Receipts) = Total: \$ _____

Lodging: (Attach Receipts) = Total: \$ _____

TOTAL REIMBURSEMENT REQUESTED: \$ _____

(signature)

(date)

Mail reimbursement application to:

**Larry Andreasen for AWWA
Fremont Department of Utilities
P.O. Box 1468
Fremont, NE 68025**