



IOWA ONSITE WASTE WATER ASSOCIATION (IOWWA) SCHOLARSHIP APPLICATION

*This form is designed so that you can **fill in the table blocks** with the appropriate information electronically. Save your completed application and email (preferred) per the below instructions.*

The Iowa Onsite Wastewater Association is offering a scholarship to:

- A high school senior wanting to attend a college or a trade school on a part-time (*minimum 6 credit hours per quarter or semester*) or full-time basis.
- A student attending college or a trade school on a part-time basis (*minimum 6 credit hours per quarter or semester*) or full-time basis, planning on continuing their education the following year.

Eligibility - You are eligible if you are a student and an **IOWWA member or related to an IOWWA member** (primary or associate member) and attending or planning on attending a college or trade school. Scholarships are awarded only one time per individual. A course of study leading to a career in the onsite industry is not required.

Application deadline is April 15, 2026

All application submittals **MUST** include the following to be considered for the IOWWA Scholarship:

1. Completed Application
2. Letters of Recommendation (2) - two letters from a non-relative such as your employer (past or present), educator (teacher or counselor), mentor, who can best articulate your qualities must accompany the scholarship application.
3. School Transcripts
4. Email a photo of yourself (IOWWA will use for publication) 300 dpi greater.

Failure to include any of the above information will invalidate your application.

Preferred submission method - Email to penny@iowwa.com

Fax to: 1-480-802-6643

Mail to: Iowa Onsite Wastewater Association
C/o Penny Andorf
P.O. Box 322
Hudson IA 50643

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Application MUST be typed. If additional space is needed, please add additional document pages.

Part I. APPLICANT INFORMATION

Applicant Name		
Address		
City State Zip		
Home Phone Cell Phone		

Guardian/Parent's Name		
Address		
City State Zip		
Home Phone Cell Phone		
Company Name		

Guardian/Parent's Name		
Address		
City State Zip		
Home Phone Cell Phone		
Company Name		

FUTURE GOALS

Briefly state your educational plans and career objectives for the next 4 years.

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Part II. EXTRA-CURRICULAR ACTIVITIES/HOBBIES and INTERESTS

Please list school related extracurricular activities (e.g. student government, music, sports, etc.). List the amount of time per week you are involved with each activity. Do you hold leadership status in any of these? If so, list your position.

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Please list the organizations or clubs you actively participate in, if you hold leadership status in any of these, how much time requires from you (e.g. 4-H, scouts, church youth group, volunteer work, etc.).

What do you do for fun or relaxation?

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Part III. WORK EXPERIENCE

*If employed during the past 2 years, please describe your work experience.
Briefly state what knowledge you have acquired from your work experience.*

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Company	
Address	
City State Zip	
Supervisor	
Position	
Dates and Average Hours Worked Weekly	

Company	
Address	
City State Zip	
Supervisor	
Position	
Dates and Average Hours Worked Weekly	

Company	
Address	
City State Zip	
Supervisor	
Position	
Dates and Average Hours Worked Weekly	

Company	
Address	
City State Zip	
Supervisor	
Position	
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Part IV. CURRENT ACADEMIC STANDING / SCHOOL STATUS

*G.P.A. statements must be translated to read on the 4.0 scale (4.0 correlating with straight A grades).
Please provide a school transcript documenting cumulative grade point average.*

Name of High School			
Address			
City State Zip			
Year of High School Graduation:	Exact Rank in Senior Class:		Cumulative G.P. A.:
Senior Graduation Class Size (highlight)	1-99	100-199	200-349 350 +/indicate #
Type of Community (highlight)	Rural	Urban	Suburban

Name of College	
Address	
City State Zip	
Years Attended	
Dates Attended	
Cumulative G. P. A.	

Name of Trade School	
Address	
City State Zip	
Years Attended	
Dates Attended	
Cumulative G. P. A.	

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Part V. COLLEGE or TRADE SCHOOL ENROLLMENT FOR SCHOLARSHIP FUNDS

If awarded, the scholarship check (made payable to the school) will be mailed directly to you for the second semester in mid to late December.

Please email IOWWA at penny@iowwa.com if your address or school changes.

Name of College or Trade School			
Address			
City State Zip			
Phone			
Major Field of Study			
<i>Highlight Full-Time or Part-Time</i>			
Full-Time (12-hours per semester minimum)			
Part-Time (6-hours per semester minimum)			

Part VI. MEMBER INFORMATION

Applicants are eligible if a student who is a member of IOWWA or related to an IOWWA member (primary or associate member) and attending or planning on attending a college or trade school now.

IOWWA MEMBER NAME			
Company/Affiliation			
Address			
City / State / Zip			
Home Phone Cell Phone			
Email:			
Applicant's Relationship to IOWWA Member			
Is applicant currently a member of IOWWA?			

Signature of IOWWA Member (Electronic signature accepted)

Signature			
Date			

CERTIFICATION BY APPLICANT

I certify that the information contained within this application is correct and references for verification are available if necessary.

Applicant's Signature (Electronic signature accepted)

Signature			
Date			