SDAWWA Annual Scholarship – Criteria

1. The applicant, applicant’s utility system, or applicant’s parent (including step-parents and/or legal guardians) must have been a member of SDAWWA for 3 of the last 5 years including the year of application.

2. If the applicant is the SDAWWA member or if the applicant is an employee of an SDAWWA member utility water system, they must be pursuing a degree or technical certification or license to further their careers in the water industry and an employer must not be funding the costs of such education.

3. If the parent of the applicant is the member of SDAWWA, the applicant must be pursuing a degree or technical certification or license at a college, university, or vocational technical school. Course of study is not a determining factor. The school attended may be in state or out of state.

4. Applicant must complete the scholarship application and also provide documentation of acceptance/enrollment in a post-secondary education institution from registrar of the institution.

5. Applicants must have not received the SDAWWA scholarship previously.

6. Applications must be received by May 1, 2024 to be considered for the award. The recipient(s) will be notified by the annual conference in September 2024.

7. If the parent is the member of SDAWWA, please attach a 100 to 500-word essay describing the parent’s positive contribution to the water industry. If the applicant is the SDAWWA member, describe your positive contribution to the water industry. This essay, or a portion of it, may be read during the award ceremony.

8. The Scholarship Committee will determine the recipient(s) via a lottery system. The winner(s) will be announced at the Annual SDWWA Conference in September.

SDAWWA Annual Scholarship – Application
Please print legibly:

Date of Application: ________________________________________________________________

Name/Address of Applicant: __________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Email Address: ____________________________________________________________________

Phone Number: ___________________________________________________________________

Name and Location (City and State) of Post-secondary Education Institution: _________________

Who is the Member of SDAWWA: _____________________________________________________

Membership in SDAWWA for 3 of the Past 5 Years Including Year of Application: ____ Applicant ____ Parent/Guardian ____ Member Utility

Name of Member Utility if Applicable: ___________________________________________________

Parent Name/Address of Applicant: ____________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Signature of Applicant: __________________________________________________________________

Signature of Applicant’s Parent/Guardian _________________________________________________

The scholarship committee will verify all above information.

Please mail or e-mail this completed application, school enrollment documentation, and essay to the following address:

SDAWWA Scholarship Committee
c/o SD AWWA
PO Box 353
Pierre SD 57501-0353
sdawwa@yahoo.com