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: ______________________________________________________________________

<table>
<thead>
<tr>
<th>Name(s) of Operator(s) Attending</th>
<th>Approved</th>
<th>Water Operator</th>
<th>Certificate</th>
<th>Certificate Expiration</th>
<th>Volunteer or Salaried</th>
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</thead>
<tbody>
<tr>
<td>Course, Seminar or Workshop</td>
<td>Hours</td>
<td>Grade</td>
<td>Number</td>
<td>Date</td>
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</table>

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