



Alberta Water and Wastewater Operators Association

AWWOA Del Morrison Entrance Training Bursaries

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City Prov. Postal Code*

Phone: _____ E-mail Address: _____

AWWOA Membership # (type n/a if not a member): _____

Course Information

Course Name: _____

Date: From _____ To _____

Attachments

**Please describe your current employment and your interest in the water & wastewater industry. (50 to 100 words max)*

Disclaimer and Signature

I hereby declare that the information provided in this application is correct. I give the Alberta Water and Wastewater Operators Association permission to publish my name if I am the successful recipient.

Signature: _____ Date: _____

Please forward this application and related attachments to the options below:
Alberta Water and Wastewater Operators Association
10806-119 Street
Edmonton, AB T5H 3P2
Or
Email to: connect@awwoa.ca