

# APPLICATION FOR VO-TECH STUDIES FINANCIAL ASSISTANCE

SCHEDULED COURSEWORK, CORRESPONDENCE COURSEWORK, SEMINAR, WORKSHOP, AND/OR OTHER TRAINING OPPORTUNITIES

## Kansas Water Environment Association

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street City State Zip

Current Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Fax: \_\_\_\_\_

K.W.E.A. Member Yes \_\_\_ No \_\_\_

Number of Years in Wastewater Industry \_\_\_

Education Level: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Years Employed: \_\_\_\_\_ Position: \_\_\_\_\_

Description of Coursework or Training: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Coursework/Training Offered By: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Schedule for Coursework/Training: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Employer Supervisor (Name): \_\_\_\_\_

Address: \_\_\_\_\_

Office Telephone No.: \_\_\_\_\_ Fax No. : \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Employer Endorsement: (Please Have Your Supervisor Review Your Application, Sign, and Provide Comments if appropriate:

\_\_\_\_\_

\_\_\_\_\_

Employer Signature

Date

Employer Comments: \_\_\_\_\_

\_\_\_\_\_

