

APPLICATION FOR SOUTHEAST DESALTING ASSOCIATION'S SYMPOSIUM SCHOLARSHIP FOR OPERATORS

INSTRUCTIONS: Applications to be submitted to <u>registration@southeastdesalting.com</u> by February 23rd, 2026. Submit any additional material with this application that may be helpful.

l,	GENERAL:				
	Name <u>:</u>		_ Job Title:		
	Email:		_ Phone:		
	Employer	:			
II.		PROFESSIONAL:			
	Years of E	Years of Experience: License No. and Classification:			
	List any a	List any awards or honors the operator has received:			
	Reasons why this operator should receive the scholarship:				
	*Please a	*Please attach at least one letter of recommendation.			
Submitted by:					
	Signature				
	=			Printed Name	
				_ Contact Info	