THE WATER AND WASTE OPERATORS ASSOCIATION OF
MARYLAND, DELAWARE AND DISTRICT OF COLUMBIA

2026 WWOA OPERATOR TECHNICAL EDUCATION SCHOLARSHIP

The Water and Waste Operators Association of Maryland, Delaware, and District of Columbia (WWOA) is pleased to announce that it will offer Operator Technical Training Scholarships this year! We realize our members may need assistance with payment for training sessions. Often their employer is unable to cover the cost of the training, or the training might not be approved due to classification. WWOA wants to assist its members with their training.

Each scholarship covers the cost of a training registration only. Travel expenses, food, lodging, etc. are not included. Funding is first-come, first-served while funds last. Maximum funding shall not exceed $500 per member, per year.

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REQUIREMENTS

Eligibility: Only applicants that were 2025 WWOA members and are current 2026 WWOA members are eligible.

Payment: Payment will be made directly to the training entity and is not transferable.

Attendance: Scholarship recipients are expected to attend the full training course.

If the recipient does not attend the full course, they agree to reimburse WWOA the payment made to the training entity.

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Applicants will submit to WWOA:

- Completed member information form
- Class registration form (no less than 14 business days prior to the scheduled training)
- Written statement from your employer stating that they will not cover the cost of this training and why it is not a covered training expense.

2026 WWOA OPERATOR TECHNICAL EDUCATION SCHOLARSHIP FORM

I understand the rules described and agree to the conditions. My signature below confirms my commitment to the scholarship conditions.

Name:_____ WWOA Member #_____
(required to complete a valid request)

Title:_____ Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (work):_____ (home):_____

WWOA Section: Central _____ Eastern_____ Western _____ Southern _____

Are you an Operator: Yes ___ No ____ *If yes*: DC ___ DE___ MD___ Operator Number:_____
(If Yes - operator number required to complete a valid entry)

Signature: _____

Forward this completed form along with the class registration information, and confirmation from your employer that the requested training is not covered to: **WWOA, P.O. Box 279, Tilghman, MD 21671.**
You can also scan and email to www.wwoa.net