

**MISSISSIPPI WATER AND POLLUTION CONTROL
OPERATORS' ASSOCIATION, INC.**

**MEMBERSHIP SCHOLARSHIP
NOMINATION FORM**

(Please Print or Type)

NOMINEE'S NAME: _____

MAILING ADDRESS: _____

_____ (STREET)

_____ (CITY) (STATE) (ZIP)

TELEPHONE NUMBER(S) _____

Nominating Member: _____

Nominating Member's Signature: _____ Date: _____

Nominating Member's District: _____ Telephone Number: _____

Please Complete Form and return to: **MWPCOA**
Scholarship Nomination
Post Office Drawer 720399
Jackson, MS 39272

Nominee will be mailed a Scholarship Application

ALL NOMINATIONS MUST BE RECEIVED BY DECEMBER 31.