



MCSSA OPERATOR TRAINING REIMBURSEMENT APPLICATION

Funded by the Massachusetts Coalition for Small Systems Assistance and the Department of Environmental Protection Drinking Water Program.

This reimbursement is intended for **licensed operators currently employed by a PWS serving less than 3,300** seeking financial assistance for attending drinking water-related courses, programs, and seminars, including travel expenses and examination fees.

- Funds available are on a first-come, first-approved basis and are subject to the discretion of Coalition staff based on costs.
- Applications must be submitted within three (3) months after attending an event or taking an exam (VSS, T1, T2 and D1, D2).
- Applications cannot be considered for events or exams prior to July 1, 2010 or after June 30, 2012.
- Funds are limited to one (1) full-day or two (2) half-day classes per person within a 24-month period, or a MassDEP-approved training course.
- Travel expenses for taking exams cannot be reimbursed.
- Travel reimbursement to training programs is \$.40 per mile and cannot exceed \$30.00 within a 24-month period.

REIMBURSEMENT TO BE MAILED DIRECTLY TO:

Name: _____

Last

First

Middle

Address: _____ Daytime Phone: _____

_____ Date of Birth: _____

Email address: _____

Employment/Certification Information:

Current Employer: _____ Are you certified: Y [] No []

Supervisor: _____ If yes, indicate type: Grade License Number

Address: _____ Distribution _____

_____ Treatment _____

Telephone: _____ Combined _____

Position/Title: _____ Primary water system served: _____

Provide information on the program the scholarship will apply to:

Name/date of course, training program, or seminar: _____

(***must** attach proof of attendance e.g., CEU/TCH certificate, proof of payment)

Organization providing training: _____

(*You will need to provide proof of completion (i.e., copy of TCH or CEU cert.) for reimbursement and payment. Please include proof with this form; reimbursement cannot be processed without this information.)

Costs:

Cost of training program: _____ Cost of materials: _____

Cost of exam fee: _____ Miles traveled: _____ Mileage to be reimbursed (at \$.40/mile): _____
(Not to exceed \$30.00. Not applicable for exams.)

Signature: _____ Date: _____

**Send to: NEWWA
MCSSA ORT Program
125 Hopping Brook Road
Holliston, MA 01746-1471
Telephone: (508) 893-7979
Fax to: (508) 893-9898**

For Staff Use:
Approved by: _____
Date: _____

Please complete and return to the above address. You will be informed within two (2) weeks of receipt if approved.