



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 public water system operators (individuals) serving less than 3,300 seeking financial assistance for attending drinking water-related courses, programs, and seminars, including travel expenses and examination fees. It is also for individuals participating in the Environmental Placement Partnership (EPP) Internship Program.

- Funds available are on a first-come, first-approved basis
Applications must be submitted within three (3) months after attending an event and they cannot be received later than May 15, 2010.
Applications cannot be considered for events prior to July 1, 2008.
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 the VSS and D1 exams cannot be reimbursed.
Travel reimbursement 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:

Employment/Certification Information:

Current Employer: Are you certified: Y [] No []
Supervisor: If yes, indicate type: Grade License Number
Address: Distribution Treatment Combined
Telephone:
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 check which applies:
I am a small systems operator []
I am a potential small systems operator []
I am a participant in the EPP Internship Program []

Costs:

Cost of proposed event: Cost of materials:
Cost of exam fee: Miles traveled: Mileage to be reimbursed (at \$.40/mile):
Costs of EPP Internship Program: Work Period: Hours Worked: Cost Per Hour:
Total requested amount of scholarship:

Signature (Non-EPP Program Individuals): Date:
Signature of Worker (EPP Program): Date:
Signature of Supervisor (EPP Program): 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.