

**Columbus Water Works Student Project Program**  
**Columbus Water Works**  
**Student Project Program**

**Instructions:**

Columbus Water Works is pleased to offer this program to students in the Chattahoochee Valley area.

- A maximum of ten slots will be available each school year. The number of students accepted into the program will be dependant upon Columbus Water Works personnel availability.
- All applications will be processed on a first – come first – served basis.
- Project proposals must be original as developed by the student.
- Projects with due dates of less than three weeks from the original contact will not be considered.
- All proposals **must** be related to Drinking Water, Wastewater Treatment, Watershed Protection, Source Water Protection, or Environmental Sciences.

1. Please read and fill in the following form completely.
2. Please Fax/Mail the completed form to:

**Student Project Program**  
**Fax (706) 649-3483**  
**Columbus Water Works**  
**P.O. Box 1600**  
**Columbus, GA 31902**  
**Attn: Lab Manager**

3. The student and a parent/guardian **MUST** sign the Student Agreement. Upon review, the Columbus Water Works Lab Manager will complete the form and return a copy to the student.
4. The form **must** be filled out **completely**.
5. This form **must** be returned within **5 Business Days**.
6. If you should have any questions, please call the laboratory at (706) 649-3482.

**Registration Form**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Parent/Guardian Daytime Phone #** \_\_\_\_\_

**School:** \_\_\_\_\_

**Teacher's Name/Subject:** \_\_\_\_\_

**Project Due Date:** \_\_\_\_\_

## Columbus Water Works Student Project Program

**Project Title:** \_\_\_\_\_

Below, briefly describe your proposed project and how it relates to one of the topics above.

**Project Description:**

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Below, please list all of the tests that you will be testing for your project.

**Test:** \_\_\_\_\_

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Below, please provide a tentative schedule for your project to include the following sample collection, sample analysis, anticipated report completion.

**Schedule:** \_\_\_\_\_

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Below, please provide the times you are available to work in the Columbus Water Works laboratory.

**Availability:** \_\_\_\_\_

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## Columbus Water Works Student Project Program

### **Student Agreement**

Once a student is accepted into the Columbus Water Works Student Project Program, it is the sole responsibility of the student to maintain the work schedule agreed upon by the student and the Columbus Water Works Lab Manager. Adjustments to the work schedule must be arranged with the Columbus Water Works Lab Manager in writing. Failure to maintain the work schedule will constitute dismissal from the program. The work of the individual project is property of the individual student. Columbus Water Works assumes no responsibility for the content or conclusions or for the opinions or statements of fact expressed in the report of the student.

As indicated by my signature below, I have read and understand the **STUDENT AGREEMENT**.  
Submitted by:

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Student Name Date

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Parent/Guardian Date

### **Columbus Water Works Agreement**

As indicated by my signature below, I agree to work with this student, on behalf of Columbus Water Works, in accomplishing the agreed – upon plan.

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Columbus Water Works Employee Date

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Lab Manager Date