



SOUTHEAST BRANCH – PROFESSIONAL DEVELOPMENT SCHOLARSHIP APPLICATION

Name of Applicant _____ APWA Member No. _____

Address _____ Phone Number _____

How long have you been a member of APWA: _____ years

EMPLOYMENT INFORMATION

Current Employer _____

Current Position _____

INTENDED USE OF PROFESSIONAL DEVELOPMENT SCHOLARSHIP

Training/Activity: _____

Date(s): _____

Location: _____

Cost of training/activity: _____

Amount of Professional Development Scholarship requested \$ _____

Will any portion of the cost be paid by another entity? YES ____ NO ____

If so who and how much? _____

How training/activity is directly related to applicant’s current job or areas of responsibilities.

I hereby certify the foregoing information is true and correct and agree if selected as a recipient of the Professional Development Scholarship, the cash received will be used for the purpose defined above. If the cash awarded me is not used for said purpose, it will be returned to the Southeast Branch.

Signature of Applicant _____ **Date** _____



email at
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&
JASienkiewich@GarverUSA.com