



## Northeast Ohio Branch of the APWA

### Scholarship Application

#### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Phone: \_\_\_\_\_ Email \_\_\_\_\_

School Year: \_\_\_\_\_

Scholarship Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for a public agency? YES ☐ NO ☐ If yes, when? \_\_\_\_\_

Do you have a relative who is a member of the APWA? YES ☐ NO ☐ If yes, name of member \_\_\_\_\_

#### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

#### References

Please list three personal references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: _____	Phone: _____
Address: _____	
Full Name: _____	Relationship: _____
Company: _____	Phone: _____
Address: _____	
Full Name: _____	Relationship: _____
Company: _____	Phone: _____
Address: _____	

### Military Service

Branch: _____	From: _____	To: _____
Rank at Discharge: _____	Type of Discharge: _____	
If other than honorable, explain: _____		

### Disclaimer and Signature

**Please attach a 300 to 500 word essay outlining how your field of study is connected to the field of Public Works. The essay should also indicate why you should be selected for the scholarship and where you see yourself in a career in public administration or public works (essay's shall be written using 12 pt. Times New Roman, 1" margins, double spaced). Please include an official transcript or report of grades to show that a grade point average of 3.0 or above has been maintained in your currently attended school or institution.**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to a scholarship award, I understand that false or misleading information in my application or interview may result cancellation and will require full repayment.*

Signature: _____	Date: _____
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**Deadline is February 28, 2020**

Please submit completed applications and or questions to: [neoapwascholarship@gmail.com](mailto:neoapwascholarship@gmail.com)

**Successful candidates will be invited to attend the 2020 National APWA Snow Show taking place in Cleveland this April for scholarship presentations.**