

Employee Scholarship Application American Public Works Association

Requirements: Must be an employee in a public works field in the state of North Carolina. Must obtain a minimum of a "3.0" grade average, and have taken the class in the prior/current school year in order to be reimbursed and not be eligible for reimbursement from another source.

Name:	
Address:	
Home Phone:	Work Phone:
E-Mail:	
Employer:	Dept:
Position:	Years of service:
Estimated Cost of Tuition: Fees \$ Books \$	Total \$
Course Begin Date:	End Date:
School Attended:	
Are you eligible to receive V.A. or other financing?	Yes No
Give a specific description of the course or courses to be reimburs	ed:
Explain briefly how this course will benefit you and your work in	public works:

_			
		s work history and extracurricular activition	es that you wish to
share with the APWA Scholarshi	p Committee.		
I concur with the above and endo	orse the application fo	r Scholarship Reimbursement.	
I concur with the above and endo	orse the application fo	r Scholarship Reimbursement.	
I concur with the above and endo	orse the application fo	r Scholarship Reimbursement. Signature of APWA Member	Date
Signature of Supervisor	Date	Signature of APWA Member	Date
Signature of Supervisor I certify that the following items	Date are not covered by a c	Signature of APWA Member county, municipality or agency:	Date
	Date are not covered by a c	Signature of APWA Member	Date
Signature of Supervisor I certify that the following items	Date are not covered by a c	Signature of APWA Member county, municipality or agency:	Date
Signature of Supervisor I certify that the following items tuition books	Date are not covered by a confees confees	Signature of APWA Member county, municipality or agency:	Date
Signature of Supervisor I certify that the following items	Date are not covered by a confees confees	Signature of APWA Member county, municipality or agency:	Date
Signature of Supervisor I certify that the following items tuition books Signature of Human Resources I	Date are not covered by a confees confees	Signature of APWA Member county, municipality or agency: ourse fees Date	Date
Signature of Supervisor I certify that the following items tuition books Signature of Human Resources I Completed applications and trans	Date are not covered by a confees con	Signature of APWA Member county, municipality or agency: ourse fees Date	<u>ed</u> . All applicatio