



Scholarship for North Carolina School of Government's Municipal & County Administration Course

This scholarship is open to all current employees of municipalities and counties who are active APWA-NC members. Applicants must complete and submit the full application. The information furnished in the application shall include the following:

- Nomination statement from supporting organization
- Name of individual, name of employer, title, office, employer and home addresses, telephone and fax numbers, e-mail address (es)
- Education summary
- Career resume
- Employment history for the last 15 years
- Professional activities
- Other interests/hobbies
 - At least three references, including your supervisor, if appropriate, who are familiar with your background and work history
 - A 300–1000-word justification on how the training will help you and your organization and why you deserve the scholarship.

All applications and supporting documentation are to be submitted via e-mail to the APWA-NC Scholarship Chair Chip Vanderzee at awardsandscholarships@northcarolina.apwa.org Questions? Contact the APWA-NC Scholarship Committee Chair.

The documents submitted will not be returned. The application is open from the posting on the Chapter's website until the **deadline of May 4, 2026. No late applications will be accepted.** The successful applicant will be notified by June 26, 2026. The Chapter will work with the recipient, their organization and the North Carolina School of Government to complete the course registration. The class calendar is online at <https://www.sog.unc.edu/courses/municipal-and-county-administration>.

**Scholarship for North Carolina School of Government's
Municipal & County Administration Course**

Supporting/Nominating Organization:

Municipality:

Department:

Address:

Department Leader/Title:

Phone:

Email:

Direct Supervisor/Title:

Phone:

Email:

Nominee/Title:

Phone:

Email:

Nominee address (if different from Dept address):

Supporting organization nominating statement (use additional pages if more room needed):

I agree to support the applicant in their effort to complete this course so that our organization may benefit fully from this training opportunity. I further acknowledge that this scholarship covers only tuition. Other expenses such as travel, lodging, food and time away from the applicant's normal job responsibilities are not included in this funding. The applicant or the organization will need to bear costs beyond the tuition assistance provided through the scholarship. If the organization is unable to allow the applicant to fulfill the demanding responsibilities of completing the course, the municipality agrees to reimburse the Chapter with a prorated amount based on the portion of the course completed within 30 days of the cancellation of the remainder of the course or 60 days from the last attendance, whichever occurs first.

[Redacted Signature Area]

Signature of Municipal/County Official

[Redacted Date Area]

Date

[Redacted Position Area]

Position or Capacity

**Scholarship for North Carolina School of Government's
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Nominee Information

Name:

Position:

Address:

Office phone:

Email:

Education: List institutions attended beyond secondary (preparatory) school; include current registration in a degree program or professional enrichment course, special institute, etc.

Employment: List positions held (full time, part time); begin with current or most recent; attach additional pages if necessary (a resume or cv may be attached).

Employer Address Duties Dates (mo/yr) from-to:

Professional activities: List any professional activities, membership in APWA.

Other interests/hobbies:

Scholarship justification: On a separate page, outline in some detail (300-1000 words) why you wish to undertake the training provided by the North Carolina School of Government's Municipal & County Administration course. Provide supporting data, as appropriate, to explain how the training will help you and your organization. Explain why you feel that you deserve the scholarship to attend this training.

List three references, including your supervisor, who would encourage you in this venture:

Name:

Position/Relationship:

Address:

Name:

Position/Relationship:

Address:

Name:

Position/Relationship:

Address:

I agree that I will take an active role in the NC Chapter of APWA and one of its divisions of my choice. I further acknowledge that this scholarship covers only tuition. Other expenses such as travel, lodging, food and time away from my normal job responsibilities are not included in this funding. I or my organization will need to bear costs beyond the tuition assistance provided through the scholarship. If I am unable to fulfill the demanding responsibilities of completing the course through no fault of my organization, I agree to reimburse the Chapter with a prorated amount based on the portion of the course completed.



Signature of Applicant



Date