

**CENTRAL TEXAS BRANCH  
OF THE  
AMERICAN PUBLIC WORKS ASSOCIATION**

**CONINUING EDUCATION SCHOLARSHIP APPLICATION**

**PROGRAM:** For candidates who are members of the American Public Works Association (APWA) and/or employees of public works agencies and are pursuing continuing education.

**ELIGIBILITY:** Any individual who is a member of the APWA and/or an employee of Public Works agencies, and desires to take a class or seminar furthering their knowledge of the public works field is eligible. Personnel at all levels of the public works agency are eligible for a scholarship award.

**FINANCIAL ASSISTANCE:** Candidates who receive partial or no reimbursement from their employers or other sources are eligible to apply for this award. Financial need is only one of several criteria to be reviewed in determining the most qualified recipient.

**RE-APPLICATION:** Applicant(s) and recipient(s) may re-apply as necessary for the continuing education scholarship award, provided a new application is submitted each time.

**AWARD AMOUNT:** Award will be up to the amount of \$500/per event. Award will be based on review of application(s) received and available funds. The Central Texas Branch of APWA reserves the right not to issue a scholarship if none of the submitted application(s) are deemed to indicate a scholarship issuance is warranted. The number of awards granted will be based on available funds as annually approved by the Board of the Central Texas Branch and the Scholarship Committee.

**DEADLINE:** Applicants may apply for this award as necessary. Applicants need to be aware that this award may take up to three months to award. Please be sure to include an address and phone number where you can be reached.

**AWARD:** The award check will be made payable to the student and/or the applicable institution upon receipt of enrollment confirmation. Presentation / announcement of awards will be during a Central Texas Branch regular meeting TBA.

**INELIGIBILITY:** Active members of the Central Texas Branch of APWA Scholarship Committee and their immediate family members may apply if the committee member does not participate in the scoring and awarding of that specific scholarship.

**SECTION ONE**

**A. The Applicant** *(All Applicants Must Complete this Section)*

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Daytime Telephone: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**B. Membership** *(Please select one of the options below. If one of the first three options is selected please complete the Membership information.)*

\_\_\_\_\_ I am an Active American Public Works Association Member.

\_\_\_\_\_ I am the spouse/child of an Active Member of the American Public Works Association

\_\_\_\_\_ I have the support of an Active Member of the American Public Works Association

\_\_\_\_\_ None of the above options apply.

**Membership Information:**

Name of Active Member: \_\_\_\_\_

Membership Number: \_\_\_\_\_

Member since: \_\_\_\_\_

Member of which Branch: \_\_\_\_\_

**C. Career Plans**

1. What continuing education course or seminar do you plan to attend? Include the course name, institution, location, dates, time, cost and brief description. If possible include an advertisement/enrollment form for the event. :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What certifications, licenses, and/or job requirements will this continuing education event satisfy?

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3. Is the course/seminar being taken as a (circle one)

first time                      repeat                      refresher class

4. What is your planned career choice?

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5. List any leadership experience you have had:

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5. Is there any other pertinent information about your career or educational aspirations that should be taken into consideration?

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**D. Need for Financial Assistance**

1. Is this course or seminar eligible for reimbursement by your employer?  
\_\_\_\_\_Yes \_\_\_\_\_No
2. If eligible, how much (dollar amount and/or percentage)? \_\_\_\_\_
3. Please provide details on how your continuing education expenses will be or are being financed. Include information on any financial programs from which you did or will receive money for this continuing education course or seminar. Please be specific.

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**E. Employment** *(To be Filled out by the Applicant)*

1. Applicant's current employer: \_\_\_\_\_
2. Employer's address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Length of Employment: \_\_\_\_\_
4. Applicant's Position/Department/Division: \_\_\_\_\_  
\_\_\_\_\_
5. Additional employment details (IE. Length of employment in Public Works field): \_\_\_\_\_

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**SECTION TWO**

**A. Employment** *(To be Filled out by the Applicant's Employer/Supervisor)*

1. Applicant's Supervisor: \_\_\_\_\_

2. Supervisor's Position: \_\_\_\_\_

3. Are you or your organization a member of the Central Texas Branch of APWA?  
\_\_\_\_\_ Yes    \_\_\_\_\_ No

4. Is the employee eligible for tuition reimbursement program through an employer-sponsored program?  
\_\_\_\_\_ Yes    \_\_\_\_\_ No

5. If eligible, what portion of the cost would be reimbursed?  
\_\_\_\_\_

6. Briefly describe how you feel your employee will benefit from the requested course or seminar (attach additional sheet if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Employer Information Completed By:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

**SECTION THREE**

**A. Applicant's Certification** *(Must be completed by all applicants.)*

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief. I further certify that:

(1) if I am selected as the recipient of funds from the Central Texas Branch of the American Public Works Association, all funds received by me shall be used for the purposes stated and to attend the continuing education event indicated **and** (2) should the funds not be used for the stated purpose and within that time they will be returned to Central Texas Branch of APWA.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**B. A signed completed application with attachments can be submitted via email or mailed to:**

[Central Texas Branch of the American Public Works Association](#)  
[C/O: Kasberg, Patrick & Associates, LP](#)  
[Attn: Ginger R. Tolbert, Scholarship Committee Chairperson](#)  
[One South Main St.](#)  
[Temple, Texas 76501](#)  
[254-773-3731 \(phone\)](#)  
[gtolbert@kpaengineers.com](mailto:gtolbert@kpaengineers.com)