



**2019
PART-TIME STUDENT
SCHOLARSHIP APPLICATION**

For Individuals Pursuing Continuing Education
Within the Public Works Field

ADDITIONAL INFORMATION TO BE SUBMITTED WITH APPLICATION

- A. List any courses you have previously taken, if applicable, along with a brief description of each.
- B. Provide a Career Goals and Needs description as outlined below.

Please answer the following questions accurately and honestly on a separate sheet of paper. Label the paper "Career Goals and Needs Description" and attach to this application.

1. Describe your field of study or your anticipated degree program and detail the type of employment you currently have and you expect to find in a Public Works organization due to your educational background.
2. Describe challenges you expect to face in your Public Works career and why you have selected a career in Public Works.
3. Is there any other pertinent information about your career or educational aspirations that should be taken into consideration (e.g., would your proposed academic program include any study or research which may be suitable for publication and serve to benefit the profession)?

Scholarship applications must be received by mail (postmarked by April 1, 2019), e-mail, or fax by April 1, 2019

Submit applications to:

**Kurt Baumann, P.E.
Baxter & Woodman, Inc.
8678 Ridgefield Rd.
Crystal Lake, Illinois 60012**

E-mail : kbaumann@baxterwoodman.com

Fax : (815)455-0450

Phone : (815)444-3313



**2019 APWA CHICAGO METRO CHAPTER - LAKE BRANCH
SCHOLARSHIP APPLICATION PART TIME STUDENT (CONTINUING EDUCATION)**

ITEM 1: APPLICANT INFORMATION

Applicant shall check all eligibility criteria which they meet:

- Reside in Lake County, Illinois
- Attend an educational institution within Lake County, Illinois
- Employed by, or an immediate family member to an employee of, a Public Works Agency or Company within Lake County
- A current member or immediate family member to a current member of the Lake Branch of the Chicago Metro Chapter of the American Public Works Association

GENERAL	
NAME	EMPLOYER
ADDRESS	YOUR POSITION
CITY, STATE	SUPERVISOR
ZIP CODE	SUPERVISOR'S TITLE
HOME PHONE	
WORK PHONE	
EMAIL	
How long have you worked in the Public Works field?	

**2019 APWA CHICAGO METRO CHAPTER - LAKE BRANCH
SCHOLARSHIP APPLICATION PART TIME STUDENT (CONTINUING EDUCATION)**

ITEM 1: APPLICANT INFORMATION (CONTINUED)

EDUCATIONAL BACKGROUND
Please provide school Name, City, State and degree obtained or anticipated.
HIGH SCHOOL
TECHNICAL SCHOOL
COLLEGE
GRADUATE SCHOOL
CERTIFICATIONS

DESCRIPTION OF PROGRAM PROPOSED FOR SCHOLARSHIP ASSISTANCE
Please list the course(s) or seminar(s) for which you are requesting scholarship assistance. Include the course name, institution or location, the time or dates, the cost and a brief description. Attach additional pages, if necessary.

2019 APWA CHICAGO METRO CHAPTER - LAKE BRANCH
SCHOLARSHIP APPLICATION PART TIME STUDENT (CONTINUING EDUCATION)

ITEM 1: APPLICANT INFORMATION (CONTINUED)

FINANCIAL ASSISTANCE	
Is this course or seminar eligible for reimbursement by the employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If eligible, how much (dollar amount and/or percentage)?	
Please identify any other financial assistance you receive (source and amount).	
SIGNATURE	DATE
By submitting this application for scholarship, I agree that if I should receive an award, I will document my educational experience to the Chicago Metro Chapter - Lake Branch of APWA and provide a transcript of the completed course work.	

**2019 APWA CHICAGO METRO CHAPTER - LAKE BRANCH
SCHOLARSHIP APPLICATION PART TIME STUDENT (CONTINUING EDUCATION)**

THIS PAGE TO BE COMPLETED BY EMPLOYER	
APPLICANT'S NAME	
EMPLOYER	
EMPLOYER ADDRESS	
DEPARTMENT OF APPLICANT	
LENGTH OF EMPLOYMENT OF APPLICANT	
NAME OF SUPERVISOR	
SUPERVISOR'S POSITION	
SUPERVISOR'S PHONE	EMAIL
Are you or your organization a member of the APWA Chicago Metro Chapter – Lake Branch? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>Membership is not a criterion for selection nor will members receive preferential consideration.</i>	
Briefly describe how you feel your employee will benefit from the requested course or seminar. 	
Is the employee eligible for tuition reimbursement for the requested program through an employer sponsored program? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If eligible, what portion of the cost would be reimbursed?	
EMPLOYER INFORMATION COMPLETED BY:	
SIGNATURE	DATE
TITLE:	