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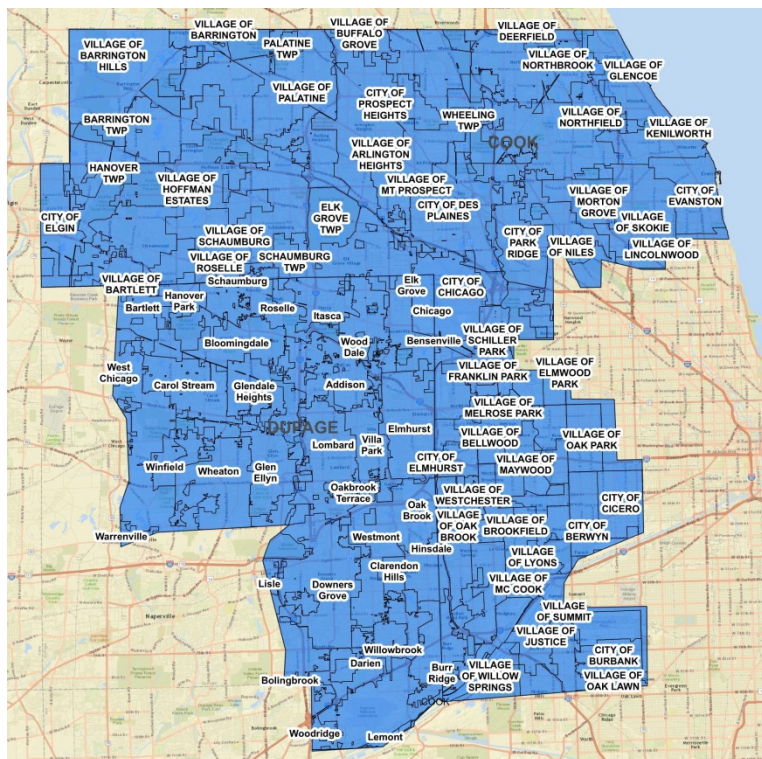
**PROFESSIONAL DEVELOPMENT
2018 SCHOLARSHIP APPLICATION**

To apply for this Scholarship, please submit the following:

- **Cover letter.**
- **Completed Part 1 (Applicant Information) & Part 2 (Employer Information)** of the Professional Development application.
- **Resume** detailing educational history and professional work experience.
- **300 to 500-word essay** response to the following question: "How will this course advance your career and enhance your knowledge in the public works field?" Also, please discuss your professional goals/objectives.
- **A letter of recommendation** from your supervisor, department head, manager or administrator.

Important! Applications must be postmarked or emailed on or before April 20, 2018.
Applications may be mailed to:

Kristin Mehl, P.E.
Village of Schaumburg
Engineering and Public Works Department
714 S. Plum Grove Road
Schaumburg, IL 60193
Email: kmehl@schaumburg.com





*American Public Works Association
Suburban Branch*

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**PROFESSIONAL DEVELOPMENT
2018 SCHOLARSHIP APPLICATION**

Please print or type:

PART 1 - APPLICANT INFORMATION (Additional sheets may be attached if necessary)

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Years of Public Works Experience: _____

Employer: _____

Position: _____

Program for which Scholarship Assistance is Requested

Please list the information for the course(s) or seminar(s). If available, attach a course description from the school.

Course	Institution/ Location	Dates	Cost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that all of the information submitted in this application is true and correct. I further certify that neither I nor any member of my family is an APWA Chicago Metro Chapter and/or Suburban Branch Officer, Director, and/or Member of the Scholarship Committee in 2018.

Signature of applicant _____

Date _____

(See reverse side for part 2 -->)



**PROFESSIONAL DEVELOPMENT
2018 SCHOLARSHIP APPLICATION**

Please print or type:

PART 2 - EMPLOYER INFORMATION -- To be completed by the applicant's employer.

Name and Title of Applicant: _____

Name and Title of Supervisor: _____

Supervisor's phone & email: _____

Number of years that you have supervised the applicant: _____

Are you or is your organization a member of the APWA Suburban Branch? _____

How do you feel your employee will benefit from the requested course or seminar? Be specific.

Is the applicant eligible for tuition reimbursement for the requested program through an employer sponsored program? _____ If eligible, how much? _____

Employer Information completed by _____

Signature of Supervisor _____

Title _____

Date _____