

BRANCH OFFICERS – 2018

President

Jeremie Lukowicz
Village of Villa Park
11 West Home Avenue
Villa Park, IL 60181
p 630.834.8505
f 630.834.8509
e jlukowicz@invillapark.com

Vice-President

Christopher Olcott
Hampton, Lenzini and Renwick, Inc.
380 Shepard Drive
Elgin, IL 60123
p 847.697.6700
f 847.697.6753
e colcott@hlrenq.com

Secretary

Mike Waldron
Strand Associates, Inc.
1170 South Houbolt Road
Joliet, IL 60431
p 815.744.4200
f 815.744.4215
e mike.waldron@strand.com

Treasurer

Jeffrey S. Maczko
Village of Elk Grove Village
600 Landmeier Road
Elk Grove Village, IL 60007
p 847.734.8068
e jmaczko@elkgrove.org

Past-President

Ryan Kearney
Village of Mount Prospect
1700 West Central
Mount Prospect, IL 60056
p 847.870.5640
f 847.253.9377
e rkearney@mountprospect.org

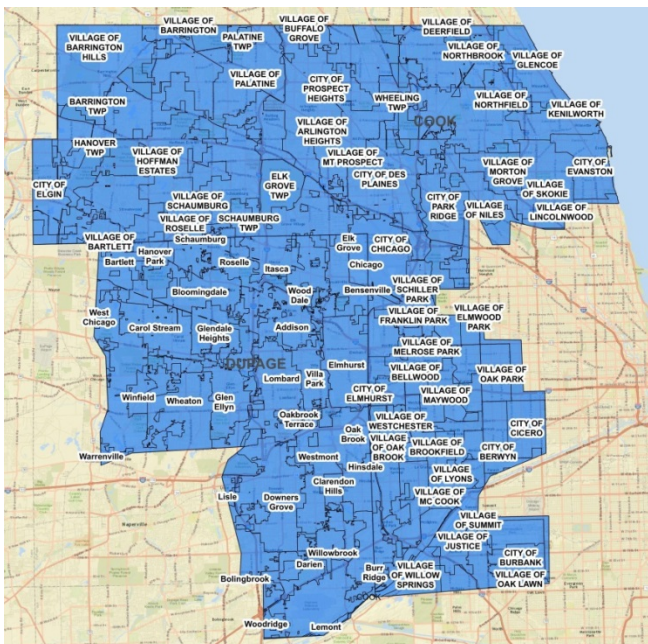
**FULL-TIME STUDENT
2018 SCHOLARSHIP APPLICATION**

To apply for this Scholarship, please submit the following:

- **Cover letter.**
- **Completed Student General Information Form.**
- **Resume** detailing educational history, work experience and extra-curricular activities.
- **400 to 700-word essay** response to the following questions:
 - a. How will this degree advance your career and enhance your knowledge in the public works field?
 - b. How can APWA better engage students at the high school or college level?
 - c. Please also list your career goals/objectives.
- **A letter of recommendation** from a professor, academic counselor, work 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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**FULL-TIME STUDENT
2018 SCHOLARSHIP APPLICATION**

STUDENT GENERAL INFORMATION FORM

| CANDIDATE INFORMATION | |
|---|---------------------------------------|
| NAME | |
| HOME STREET ADDRESS | MAILING STREET ADDRESS (if different) |
| CITY, STATE | CITY, STATE |
| ZIP CODE | ZIP CODE |
| HOME PHONE | ALT. PHONE |
| EMAIL | |
| SCHOOL INFORMATION | |
| UNIVERSITY NAME | |
| COLLEGE/PROGRAM NAME | |
| DEGREE ANTICIPATED (Major) | (Minor) |
| TENTATIVE GRADUATION DATE | |
| COLLEGE CONTACT (Dean/Counselor/Professor) | |
| Name | |
| Phone | |
| EMPLOYER INFORMATION (Current or Previous, please provide summer internships if any) | |
| EMPLOYER | CONTACT NAME |
| ADDRESS | |
| CITY, STATE, ZIP | |
| PHONE | |
| PART TIME? <input type="checkbox"/> FULL TIME? <input type="checkbox"/> SUMMER POSITION? <input type="checkbox"/> | |
| POSITION/WORK DESCRIPTION | |
| Are you in an employer sponsored tuition program? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| If yes, provide details. | |



STUDENT GENERAL INFORMATION FORM (CONT)

| | |
|--|------------|
| REFERENCE INFORMATION | |
| REFERENCE NAME | |
| REFERENCE EMPLOYER | |
| WORK ADDRESS | |
| CITY, STATE, ZIP | |
| WORK PHONE | WORK EMAIL |
| APWA CHAPTER & BRANCH AFFILIATION (if any) | |

| | | |
|--|-----------|-------------|
| FINANCIAL ASSISTANCE & NEED | | |
| <p>Please provide details on any financial programs from which you did or will receive monies. Please be specific. We will only consider providing scholarships toward tuition as well as books, fees, supplies and equipment if required of all students in the course. Please provide Room and Board information to assist in evaluating need. Use additional pages if necessary.</p> <p>Note: Total Dollar Value between need and assistance should match.</p> | | |
| ANTICIPATED NEED | Fall 2018 | Spring 2019 |
| Tuition & Fees | | |
| Books, Supplies, & Equipment | | |
| Room & Board | | |
| Total Anticipated Need | | |
| Total Monies Received (be specific and outline each fund source, e.g. grants, scholarships, assistantships): | | |
| ANTICIPATED ASSISTANCE | Fall 2018 | Spring 2019 |
| Student/Parent Contribution | | |
| Loans | | |
| Grants | | |
| | | |
| Total Anticipated Assistance | | |

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.

Signed _____ Date _____
(Applicant)