

## Northeast Ohio Branch of the APWA

## **Scholarship Application**

		Applicant I	nform	ation						
Full Name:	ull Name:			Date:						
	Last	First			М.І.					
Address:										
	Street Address					,	Apartment/Unit ‡	#		
	City				State		ZIP Code			
Phone:			Email							
	-									
School Year:						-				
Scholarship	Applied for:									
Are you a ci	tizen of the United States?	YES NO	If no, a	are you	authorized to	work in the	YES e U.S.? □	NO		
		YES NO								
Have you ev	ver worked for a public ager	ncy? 🗌 🗎	If yes,	when?_						
Education										
High School	i:	Address:								
From:	To:	Did you graduate?	YES	NO	Diploma::					
Callana		A -l -l								
College:		Address:								
From:	To:	Did you graduate?	YES	NO	Degree:					
Other:		Address:								
From:	To:	Did you graduate?	YES	NO	Degree:					
		Refere	ences		-		-			
Please list	three personal references.									
Full Name:					Relatio	onship:				
Company:										
Address:										

Full Name:	Relationship:				
Company					
Address:					
Full Name:	Relationship:				
•					
Address:					
	Military Service				
Branch:	From:	To:			
Rank at Discharge:	Type of Discharge:				
If other than honorable, explain:					
	Disclaimer and Signature				
I certify that my answers are true and com					
If this application leads to a scholarship avor interview may result cancellation and w	ward, I understand that false or misleading informati vill require full repayment.	on in my application			
Signature:	Date:				
	Itlining how your field of study is connected to the	field of Public			

grade point average of 3.0 or above has been maintained in your currently attended school or institution.

Deadline is March 1, 2019

Please submit completed applications and or questions to: Craig Gorsuch (craig@akrontractor.com)