

Detail your community service activities / involvement over the past five years (use additional sheets if necessary).

Does your employer reimburse educational expenses? Yes No

Please provide detail of which expenses are reimbursed and which are not.

Explain in detail how you will use the funds if awarded this scholarship.

I attest that all information is complete and accurate. If I am selected as a recipient for this award, I understand that I will be required to provide my social security number and date of birth, and complete a scholarship agreement explaining the terms and details of the two distributions (first half given at the conference; second half distributed after providing proof of class completion) Also, I agree to appear in person to accept my award at ASPA's Annual Professional Development Conference in Henderson, Nevada, on September 23, 2009.

Signature of Applicant

Date

CHAPTER USE ONLY	
Application received (date) _____	Reviewed by _____
Recommendation _____	
SS# _____	DOB _____