



NAPEF SCHOLARSHIP APPLICATION

Name: _____

Address: _____

City, State/Province, Zip Code: _____

Country: _____ Preferred telephone: _____

Date of Birth: _____ Email: _____

Date of NAP membership: _____

Name of Association and Unit or Member-at-Large: _____

NAP University Course attended: (attach receipt) _____

NAP Credentialing/PRP Renewal course successfully completed/date: (attach proof of completion)

List leadership roles held in NAP - local, association, district, and national levels with dates held:

List leadership roles held in other organizations - local, state, district, and national levels
- including the name of the organization and dates held:

Professional Information:

Employment including dates: _____

Post Graduate Institution and area of study including dates (if applicable): _____

With my signature below, I certify that I have been a member of NAP for at least one full year and am between the ages of 24 and 40 and the information provided, to the best of my knowledge, is accurate and complete.

An expectation of receiving a NAPEF scholarship is that the work of the Foundation will be promoted. By your submission of this application, you agree to supply the Foundation with pictures and text, if requested. You also grant permission to NAPEF for these pictures/texts to be used by the Foundation on its website and social media platforms without compensation and for your picture, name, and information to be published in the *National Parliamentarian* and in other NAPEF promotional material.

_____ Applicant Signature

_____ Date

Submit the application by email or US Mail, postmarked by **November 1 of each year** to:

NAPEF Scholarship Committee

Carol Habgood, Chairman
319 Wickes Street
San Antonio, TX 78210-1247

email: carolhabgood@sbcglobal.net

Revised July 2023