

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:			
Select one of the following:			
Payment of NAP and Association Dues; OR			
NAP University Course attended: (attach receipt and proof of completion); OFNAP Credentialing/PRP Renewal course successfully completed/date: (attach receipt and proof of completion).	.		
List leadership roles held in NAP - local, association, district, and national levels with dates held:	1		

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 October 2023