



Carol Habgood Intern Scholarship

APPLICATION

(odd-numbered years only)

Name: _____

Address: _____

City, State/Province, Zip Code: _____

Country: _____ Preferred telephone: _____

Date of Birth: _____ Email: _____

Date and location of NAP Biennial Convention: _____

Date of NAP Membership Exam: _____

Name/Signature verifying attendance at NAP Biennial Convention and passing the
NAP Membership Exam: _____

Name of NAP Student Youth Organization represented and role in that organization:

Complete the following items on a separate sheet of paper and submit your answers with all pages of the application.

1. I want to become a member of NAP because: (25 points)

2. I plan to further study, practice, and promote parliamentary procedure by:
(50 points)

3. I am applying for the NAPEF dues scholarship because: (25 points)

With my signature below, I certify that I am a member of an NAP student partnership organization, attended the most recent NAP Biennial Convention, and have passed the NAP membership exam.

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 no later than 30 days following the biennial convention to:

NAPEF Scholarship Committee

Lynna Gene Cook, Chair

7251 Norris Lane

Lincoln, NE 68516-2519

lgcook08@gmail.com