



## Viola F. Brannen Memorial 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: \_\_\_\_\_

Provide a reference who is an NAP member.

NAP Member Name and contact information: \_\_\_\_\_

\_\_\_\_\_

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

1. List leadership involvement in NAP or other organizations: (25 points)
2. List parliamentary involvement in NAP or other organizations: (25 points)
3. Essay of 500 hundred words or less about how you think attending the NTC or the NAP Biennial Convention will make you a better parliamentarian. (50 points)

With my signature below, I certify that I have been a member of NAP for at least one full year and plan to attend either the National Training Conference or the NAP Biennial Convention, and to the best of my knowledge, the information 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 by **August 1 of each year** to:

NAPEF Scholarship Committee  
Linda Lawson, Chairman  
525 Terrace Pl.  
Norman, OK 73069-5034

Email:  
linda\_lawson@cox.net  
And: jlawson11@cox.net

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