



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

Carol Habgood, Chair

319 Wickes St

San Antonio, TX 78210-1247

carolhabgood@sbcglobal.net

Updated Septemberr 2022