



May 30, 2018

## **APWA-NC Stipend to attend APWA 2018 PWX in Kansas City, Missouri, August 26-29**

### Application Procedure

Current APWA-NC members from both public and private sectors who have **NOT** previously attended PWX are eligible to apply for a \$2,000 stipend to attend the APWA 2018 PWX in Kansas City, Missouri. Current board members are not eligible; however, committee members are eligible. Additional consideration will be given to employees of municipalities with a population of 50,000 or less. Applicants must have approval from their organization to support their attendance.

Stipend winners will be expected to share their experience attending PWX upon their return. This will include writing an article for the newsletter and presenting at a conference or a quarterly meet and greet. In addition, stipend winners will be asked to serve on the annual conference committee for the following year.

**The amount of the stipend is taxable and reportable to the IRS on a 1099-MISC form.**

Applicants must complete and submit the application in full. The information furnished in the application shall include the following:

- Nomination statement from supporting organization
- Name of individual, name of employer, title, office, employer and home addresses, telephone and fax numbers, e-mail address(es)
- Education summary
- Career resume
- Employment history for the last 15 years
- Service history to APWA
- Professional activities
- Other interests/hobbies
- At least three references, including your supervisor, if appropriate, who are familiar with your background and work history
- A letter of support from your supervisor or manager to allow you to attend PWX and future participation in the APWA-NC Chapter as noted above
- A 300-1000 word justification on how attending PWX will help you and your organization and why you deserve the stipend.

All applications and supporting documentation are to be submitted via e-mail to Scott Whalen, APWA-NC Scholarship Chair, at [swhalen@wkdickson.com](mailto:swhalen@wkdickson.com)

Submitted documents will not be returned. The application is open from the posting on the Chapter's website until the deadline, which is June 22, 2018. **All applications must be received by email no later than midnight, EST on June 22, 2018.** The successful applicant will be notified by the end of July, 2018.

**Application – APWA-NC Stipend to attend PWX**

Supporting Organization: \_\_\_\_\_

Municipality / Company: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Department Leader/Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Direct Supervisor/Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Nominee/Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Nominee address (if different from Department Address): \_\_\_\_\_

\_\_\_\_\_

Supporting Organization Nominating Statement (use additional paper if more room is needed):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I agree to support the applicant in their effort to attend PWX so that our organization may benefit fully from this training opportunity. I further acknowledge that this \$2,000 stipend may not cover all expenses associated with PWX. The stipend is designed to cover expenses such as travel, lodging, and food; however, time away from the applicant's normal job responsibilities are not included in this funding. The applicant or the organization will need to bear costs beyond the \$2,000 provided through the stipend. In the event that the stipend winner is unable to attend PWX, they will be expected to reimburse the Chapter for any funds spent.

\_\_\_\_\_  
Signature of Municipal/County/Company Official

\_\_\_\_\_  
Position or Capacity

\_\_\_\_\_  
Date

**Application – APWA-NC Stipend to attend PWX**

**Applicant Information**

1. Name/Position: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Office Phone: \_\_\_\_\_ Email: \_\_\_\_\_

4. Education: List institutions attended beyond secondary (preparatory) school; include current registration in a degree program or professional enrichment course, special institute, etc.:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Employment: List positions held (full time, part time); begin with current or most recent position; attach additional sheets if necessary (An optional resume or curriculum vitae may be attached):  
Employer Address Duties Dates (mo/yr) from-to: \_\_\_\_\_

Employer Address Duties Dates (mo/yr) from-to: \_\_\_\_\_

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Employer Address Duties Dates (mo/yr) from-to: \_\_\_\_\_

6. Professional activities: List any professional activities. (Membership in APWA-NC is required.)

\_\_\_\_\_

\_\_\_\_\_

7. Other interests/hobbies: \_\_\_\_\_

8. Stipend justification: On a separate page, outline in some detail (300-1000 words) why you wish to attend PWX. Provide supporting data, as appropriate, to explain what you think you will gain through attending PWX and how that will help you and your organization. Discuss how this will enhance your career, as well as history in the public works field. Include your commitment to APWA-NC. Explain why you feel that you deserve the stipend to attend PWX.

9. List three references, including your supervisor, who would encourage you in this venture:

Name and position/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Name and position/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Name and position/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

I agree that I will take an active role in the NC Chapter of APWA and will share my experiences through writing a newsletter article or at a conference/meet and greet. I further acknowledge that this \$2,000 stipend may not cover all expenses associated with PWX. Time away from my normal job responsibilities are not included in this funding. I or my organization will need to bear any costs beyond the \$2,000 provided through the stipend. In the event that I am unable to attend PWX, I agree to reimburse the Chapter for any funds spent. I also acknowledge that the amount of the stipend is taxable and reportable to the IRS on a 1099-MISC form.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date