



Scholarship Application

You will receive notice when this application has been received and information about when the review by the Scholarship Committee may take place. Please print and keep a copy of this application for your records.

All funds are disbursed based on availability and reasonable need for the request for funds. The Scholarship Committee reserves the right to inquire with the local chapter officers of your affiliated chapter, and/or the AAPCCA Board of Directors representative for your region.

The information on this application will be kept confidential among all parties.

Date:

Contact Information of AAPC Member

Full Name:

AAPC Member ID:

Email:

Phone Number:

Mailing Address:

City, State, Zip Code:

Current Employer & Years of Service (optional):

Your Contact Information (if requesting on behalf of another AAPC member)

Full Name:

Email:

Phone Number:

Mailing Address:

City, State, Zip Code:

AAPC Local Chapter Affiliation

Chapter Name:

City, State:

Years with Local Chapter (if less than a year, please list all previous chapter affiliations):

Scholarship Amount and Reason for Request

Amount Requested: \$

Item(s) Requested:

Reason for Request (please limit to 500 words or less):

Verification

I certify that the above information is accurate to the best of my knowledge.

(you must check this box for the application to be considered)