

**Scholarship Application
Administrative Personnel Association
Florida Region**

Personal Information:

Name _____

Address _____

Phone _____ E-mail _____

Employment Information:

Employer _____

Part-time Full-time I receive Continuing Education assistance from my employer
that covers one-half or more of the conference expenses.

Certification Level Currently Pursuing: Level 1 Level II Level III

Please list APA Conferences most recently attended _____

If you have previously received a regional scholarship, please list conference date and location:

I certify that I am a member in good standing and my dues have been paid through _____. I am
requesting assistance in the amount of \$_____ to attend the Florida Regional Conference.

If awarded, make check payable to _____

Address _____

I understand that I may not receive the full amount if funds do not allow.

Applicant's Signature _____ Date _____

**DEADLINE FOR SUBMITTING APPLICATIONS
90 DAYS PRIOR TO CONFERENCE**

Applications for scholarship should be sent to the Regional Scholarship Chair: Ms. Shari Lowe, Presbytery of
Tropical Florida, 440 East Sample Road, #208, Pompano Beach, FL 33064
(Phone) 954-785-2220; (Fax) 954-785-1983; (E-mail) shari@tfpby.org