



APWA
NEW YORK CHAPTER
Capital District Branch Scholarship

The American Public Works Association (APWA) is a 501(c)(3) not-for-profit educational and membership organization whose exempt purpose shall be the advancement of the theory and practice of the design, construction, maintenance, administration, and operation of public works facilities and services; the dissemination of information and experience upon, and the promotion of improved practices in public works administration; the encouragement of the adherence by public works officials to a high professional standard; the professional and social improvements of its members; and the promotion of cooperation among all public, quasi-public, and private persons, firms, corporations, bodies, utilities, and agencies which have interests in the field of public works.

In line with our exempt purpose, the APWA has established a Mission *to promote professional excellence, understanding of and competency and credibility in public works*. This Mission is further served by delivering technical workshops, seminars, educational conferences, trade shows and credentialing combined with the offering of educational scholarships to further support students working towards an undergraduate or graduate degree in a public works-related field.

To fulfill our Mission, the Capital District Branch of the American Public Works Association is sponsoring a scholarship program for candidates pursuing a degree in Public Works related fields including but not exclusively in the fields of Engineering, Public Works Management/Administration/Operation or other programs within the public works profession.

CANDIDATE ELIGIBILITY INFORMATION

High School Seniors who plan to attend an accredited institution of higher learning during the Fall Semester at the undergraduate level whose major course of study encompasses the fields of Engineering, Public Works Management/Administration/Operation or other programs within the public works profession are eligible.

Candidates must reside within the state of New York and the boundaries of the Capital District Branch.

Students may be part-time or full-time at an accredited institution of higher learning; however, candidates must be seeking a degree.

Active members of the Scholarship Committee of the APWA, New York Chapter, Capital District Branch and their immediate family members are not eligible.



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CANDIDATE INSTRUCTIONS

APPLICATION:

Application forms are available by contacting any executive board member of the APWA, New York Chapter, Capital District Branch or on-line at <http://newyork.apwa.net/> under the CAPITAL tab, drop down Scholarships.

TRANSCRIPTS:

An official high school transcript is required to be included with the application.

REFERENCES:

Three (3) references must be submitted with the application submittal.

FINANCIAL ASSISTANCE:

Candidates who receive monies from other sources are eligible to apply for this award. Financial need is only one of the criteria to be reviewed in determining the best qualified recipients.

AWARD AMOUNT:

The APWA, New York Chapter, Capital District Branch intends to award \$2000 per year and the Committee shall determine that amount of each award depending upon the number of applications received.

Following review of all applications, the branch may also consider issuing additional scholarships. The branch reserves the right to not issue a scholarship if no submitted application is deemed to indicate a scholarship issuance is warranted.

DEADLINE:

All complete application materials must be e-mailed or postmarked on or before April 1st of the calendar year of the award and submitted to Mr. Brian Mohorter, Scholarship Committee Chairperson; 301 West Genesee Street, Chittenango, NY 13037; email: Brian.Mohorter@EJCO.com;

AWARD:

The Committee shall review all submitted applications and announce the winner(s) at the branch May luncheon meeting.

Scholarship recipient(s) are requested to attend the APWA, New York Chapter, Capital District Branch Annual Golf Scholarship Outing where the scholarship award(s) shall be presented.

The scholarship check will be made payable to the recipient upon submission of appropriate documentation that confirms the recipient's registration with an accredited institution of higher education. Monies must go towards qualified educational expenses such as tuition and books. The APWA, New York Chapter, Capital District Branch reserves the right to request repayment of the scholarship check should it be found that the monies were not used for qualified educational expenses. The APWA, New York Chapter, Capital District Branch reserves the right to stop the scholarship program at any time.



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CANDIDATE INFORMATION	
NAME:	
HOME STREET ADDRESS:	MAILING STREET ADDRESS (if different)
CITY, STATE:	CITY, STATE:
ZIP CODE:	ZIP CODE:
HOME PHONE:	ALT. PHONE:
EMAIL:	
HIGH SCHOOL INFORMATION	
HIGH SCHOOL NAME:	
HIGH SCHOOL ADDRESS:	
TENTATIVE GRADUATION DATE:	GPA:
HIGH SCHOOL COUNSELOR CONTACT:	
Name:	
Phone:	
Email:	
INSTITUTION INFORMATION FOR FALL/SPRING SEMESTER	
INSTITUTION NAME:	
PROGRAM DESCRIPTION/COURSE OF STUDY:	
DEGREE ANTICIPATED (Major):	(Minor, if any):
TENTATIVE GRADUATION DATE:	



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EXTRACURRICULAR ACTIVITIES

1. Student Activities:

2. Community Activities:



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3. Athletics:

4. Other Activities:



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ADDITIONAL INFORMATION

Please provide answers in the space provided.

1. Describe your field of study or your anticipated degree program and detail the type of employment you expect to find in a public works organization due to your educational background.

2. What challenges do you expect to find in a public works career and why have you chosen a career in public works?



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3. What skills have you developed during your schooling and extracurricular activities that you feel will be important in your chosen career?

4. Are any of your family members presently employed in the Public Works profession?
YES - NO

If you answered YES to the above, please complete the following:

- A. 1. Relationship: _____
2. Employer: _____
3. Position in company: _____

- B. 1. Relationship: _____
2. Employer: _____
3. Position in company: _____

- C. 1. Relationship: _____
2. Employer: _____
3. Position in company: _____

5. Professional Reference Evaluation:
The following page is the Professional References summary page. Complete the three (3) sections for your Professional References. Provide the Professional Reference Evaluation Form to your Professional References and ask them to complete and submit as per the directions on the form. These three (3) forms shall be attached to the Professional References summary page for application review.



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PROFESSIONAL REFERENCE INFORMATION
REFERENCE NAME:
AFFILIATION WITH CANDIDATE:
WORK ADDRESS:
CITY, STATE, ZIP:
PHONE:
APWA AFFILIATION (if any):

PROFESSIONAL REFERENCE INFORMATION
REFERENCE NAME:
AFFILIATION WITH CANDIDATE:
WORK ADDRESS:
CITY, STATE, ZIP:
PHONE:
APWA AFFILIATION (if any):

PROFESSIONAL REFERENCE INFORMATION
REFERENCE NAME:
AFFILIATION WITH CANDIDATE:
WORK ADDRESS:
CITY, STATE, ZIP:
PHONE:
APWA AFFILIATION (if any):



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PROFESSIONAL REFERENCE EVALUATION FORM

This form is to be completed by the individual who is being asked for a professional reference by the student who is applying for the APWA, New York Chapter, Capital District Branch Annual Scholarship.

Name of Student:

Your name has been provided as a professional reference by the above student who has applied for the APWA, New York Chapter, Capital District Branch Annual Scholarship. Your professional evaluation is important to our organization in considering this application. Please complete this form and e-mail to Brian.Mohorter@EJCO.com or mail to Mr. Brian Mohorter, Scholarship Committee Chairperson; 301 West Genesee Street, Chittenango, NY 13037 by April 1st of this calendar year.

Name of Evaluator:

Employer:

Address:

How long have you know the applicant:

EVALUATION OF SOCIAL AND PROFESSIONAL TRAITS:

Characteristics (Please check appropriate box)

	Poor	Below Average	Average	Above Average	Superior
COOPERATION					
DEPENDABILITY					
LEADERSHIP					
MATURITY					

Additional Comments: (Please describe the nature and frequency of your contact and observations of the applicant)

Signature: _____ Date: _____



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FINANCIAL ASSISTANCE AND NEED		
<i>Please provide details on any financial programs from which you did or will receive monies. Please be specific. We will only consider providing scholarships toward qualified educational expenses such as tuition and books.</i>		
Total Monies Received (be specific and outline each fund source,		
ANTICIPATED ASSISTANCE	FALL SEMESTER	SPRING SEMESTER
Student/Parent Contribution		
Loans		
Grants		
List Others:		
TOTAL ANTICIPATED ASSISTANCE:		

Applicants you have the ultimate responsibility to ensure that your application, transcripts, references and all other application requirements have been submitted to the APWA, New York Chapter, Capital District Branch Scholarship Committee Chairman by the April 1st deadline.

***** YOUR HIGH SCHOOL TRANSCRIPT IS REQUIRED TO BE ATTACHED, PLEASE ATTACH*****

I certify that all the information submitted in this application to be true and correct.

Signed _____ Date _____