



SCHOLARSHIP APPLICATION NOTICE

Annual New England Chapter APWA Timothy J. O'Leary Scholarship Est. 1987

The New England Chapter of the APWA is pleased to announce the availability of five (5) \$2,000 scholarships for the next academic year (2019-2020) to promote and improve the Public Works profession by providing financial assistance to individuals committed to the Public Works profession and who are seeking a degree in a Public Works or any related field of study.

PREREQUISITES

Applicants must be enrolled as a full-time or a part-time student in an undergraduate or graduate degree program. The applicant's major shall be in a technical or management degree program that relates to the Public Works profession. **Applicants must be members or sponsored by a member of the New England Chapter of the American Public Works Association.** Applicants must also be citizens of the United States. (Applicants do not have to be APWA members at the time of their application.)

FUNDING

The scholarships will be awarded in May, payable during the next academic year on a reimbursement basis. For full-time and part-time students, scholarships will be in the amount of \$2,000 per school year, for a maximum award of \$2,000 per student per year.

SELECTION PROCEDURE

The Chapter's Scholarship Committee will screen all applications and rank applicants who are eligible. Interviews may be conducted by members of the Scholarship Committee and Chapter Director(s) from the State(s) of residency of the applicants.

APPLICATION FORMS & AWARD INFORMATION

Application forms are available online at <http://newengland.apwa.net/>

Completed applications must be received via email as a PDF to Kirk Severance at kseverance@granby-ct.gov By April 1st. Winners will be notified by the first week in May.

ALL INFORMATION SHALL BE SUBMITTED IN ONE (1) EMAIL.

Scholarship winners are encouraged to attend the APWA Luncheon in May during National Public Works Week to receive their award. Winners and one guest can attend the Award Luncheon for free. Additional guests will need to register and pay the applicable attendance fee.



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NAME: _____

ADDRESS: _____

EMAIL: _____

APPLICANTS PHONE #: _____ AGE: _____

APWA MEMBER SPONSER: _____

RELATIONSHIP TO SPONSOR: _____

IS SPONSOR AN NEAPWA MEMBER? _____

PARENT/GUARDIAN: _____

ADDRESS: _____

TELEPHONE #: _____

TRADE SCHOOL/COLLEGE ATTENDING: _____

ADDRESS: _____

EXPECTED DATE OF GRADUATION: _____

FIELD OF STUDY: _____

WILL STUDENT BE EMPLOYED WHILE ATTENDING SCHOOL (Y/N): _____

AVERAGE HOURS/WEEK: _____

TUTION, FEES & BOOKS \$ _____

LIVING EXPENSES \$ _____

TRAVEL EXPENSES \$ _____

SIGNATURE: _____ DATE: _____



PLEASE ATTACH

1. A brief statement explaining your reason for furthering your education in less than 200 words.
2. A statement or transcript from the educational institution last attended, which indicates grades and grade level achievement.
3. A brief statement of need. The applicant is encouraged to submit College Service (CSS) estimates, as a financial need statement.
4. Evaluation/Recommendation. The attached form should be completed by an educator or professional who has personal knowledge of the applicant.



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EVALUATION/RECOMMENDATION OF APPLICANT

NAME OF APPLICANT: _____

ADDRESS: _____

DEGREE/PROGRAM: _____

SIGNATURE OF APPLICANT: _____

To the Applicant: Please complete the top of this form, self-address an envelope and give both to the Evaluator. He or she will return the completed form directly to you.

To the Evaluator: The person named above is applying for a scholarship from the New England Chapter of the American Public Works Association (APWA). This form was submitted to you for your evaluation of the applicant. *Using the envelope provided, please mail the completed form directly to the applicant for inclusion into their completed application.*

PLEASE TYPE OR PRINT

NAME OF EVALUTATOR: _____

POSITION OR TITLE: _____

ADDRESS: _____

IN WHAT CAPACITY DO YOU KNOW THE APPLICANT?

HOW LONG HAVE YOU KNOW THE APPLICANT?

WHAT DO YOU CONSIDER THE APPLICANTS STRENGTHS AND TALENTS?

WHAT DO YOU CONSIDER THE APPLICANT’S WEAKNESSES?



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PLEASE SCORE THE APPLICANT INTERM OF THE FOLLOWING QUALITIES:

EXEMPLAR (1) EXCELLENT (2) GOOD (3) AVERAGE (4) POOR (5)

INTEGRITY _____

INTELLECTUAL ABILITY _____

ANALYTICAL ABILITY _____

IMAGINATION/CREATIVITY _____

MATURITY _____

MOTIVATION _____

ABILITY TO WORK WITH OTHERS _____

SELF-CONFIDENCE _____

ABILITY TO EXPRESS HIM/HERSLEF _____

TOTAL POINTS _____

PLEASE FEEL FREE TO COMMENT ON ANY ASPECT OF THE APPLICANT'S RECORD PERSONAL QUALITIES OR POTENRIAL THAT YOU BELIEVE WOULD BE HELPFUL TO THE SCHOLARSHIP COMMITTEE IN EVALUATING THE APPLICANT. THANK YOU FOR YOUR ASSISTANCE.

Multiple horizontal lines for providing comments on the applicant's record.

SIGNATURE OF EVALUTAOR: _____ DATE: _____