

Scholarship Award Application Annual Deadline: June 30

Applicant Name:				
Municipality/Organization				
Mailing Address				
City		:	State	Zip Code
Phone			Email	
I am an active member				No
If yes, provide purpose for scholarship and date				
Please indicate the education program you are requesting scholarship support for:				
Education Program			D	ate of Program
Estimated cost (use a Registration Fed Travel Costs Hotel Costs Other TOTAL COST	s			
Provide explanation of	of need for financia	al assistance; in	clude a letter fro	m your Council/Board/Manager.

Complete application and send to info@aptusc.org

Please Note: Awarded scholarships are provided on a reimbursement basis.