



APPL Scholarship Application

Purpose: APPL encourages its member organizations to participate in training that will help strengthen their capacity as effective nonprofit public land partners. Through scholarships APPL is able to provide access to professional development opportunities for its member organizations if they are unable to pay for registration or related costs for training sponsored by APPL.

Eligibility: Only employees or volunteers of APPL member organizations in good standing are eligible to receive scholarship funds. Scholarship funds are restricted to registration fees, applicable training materials, travel and lodging for APPL sponsored trainings only. Scholarships are subject to funds available and are not always awarded. If your organization has received funds for 2 consecutive years there is a waiting period of 1 year before an application from the organization can be considered for funding.

Application Submission: You may mail the completed application to the address listed below or fax it to 301.946.9478. Applications must be postmarked by the advertised deadline. Confirmation will be sent upon receipt in the APPL office. If you have any questions, please call APPL at 301.946.9475.

Selection Process: Scholarship funds are intended to assist new members, members who have experienced a hardship situation directly related to their business operations or members whose leadership has changed. The APPL Executive Committee will review only those applications received by the advertised deadline. Preference will be given to first-time scholarship applicants and to those receiving aid from other sources in addition to APPL.

Reporting: Scholarship recipients are required to provide full accounting of their approved expenses within (30) thirty days of completion of the training. Original receipts will be required for reimbursement. In addition, scholarship recipients must submit a report detailing outcomes of their use of the funds awarded.

APPL – Scholarship Program
2401 Blueridge Avenue, Suite 303
Wheaton, MD 20902

Please provide the following information. A separate sheet should be attached to provide information related to questions 1-4 and for a breakdown of how expenses were calculated.

Applicant's Name _____ **Title** _____

Organization _____ **Years of service** _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Fax** _____ **E-mail** _____

- List the title and dates of the APPL training for which you are applying for assistance.
- Give a brief description of the financial hardship preventing your organization from supporting expenses related to this training.
- Describe how your participation in this training will assist you in your job and what you hope to achieve through the knowledge, skills, and abilities you gain.
- Has your organization previously applied for or received an APPL scholarship application? If yes, please indicate training title(s) and date(s).

Estimate your total costs for attending the APPL training for which you are applying for a scholarship. Indicate what portions of the total you propose to be paid by your organization, by other sources, and by APPL.

Expenses paid by your organization	\$ _____	<input type="checkbox"/> Registration	<input type="checkbox"/> Training materials	<input type="checkbox"/> Travel	<input type="checkbox"/> Lodging
Expenses paid by other sources	\$ _____	<input type="checkbox"/> Registration	<input type="checkbox"/> Training materials	<input type="checkbox"/> Travel	<input type="checkbox"/> Lodging
APPL scholarship funds requested	\$ _____	<input type="checkbox"/> Registration	<input type="checkbox"/> Training materials	<input type="checkbox"/> Travel	<input type="checkbox"/> Lodging
TOTAL EXPENSES =	\$ _____				

I understand that the basis for this award is financial need. I hereby make application to the APPL Education & Scholarship Fund based on the inability of my organization to fully support my attendance at the training listed above.

As the administrator or director of the above-named organization, I am aware that this application is being submitted based on financial need and that the award may or may not cover the total cost of attending the training listed above.

Signature of applicant Date

Signature of organization's chief staff officer or board president Date

<i>For APPL use only</i>	<i>Revised 5/08</i>
Date Received: _____	Approved: Yes/No Amount: _____
Confirmation Sent: _____	Expense Report Received: _____