



NATIONAL FORUM FOR BLACK PUBLIC ADMINISTRATORS

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www.nfbpa.org

An NFBPA scholarship applicant must be a current undergraduate or graduate student enrolled in a traditional four year, accredited university or college, preferably an HBCU, and having at least one academic semester remaining after May 2018. Application materials, including sealed transcripts and sealed letters of recommendation, must be submitted in one package. Incomplete, e-mailed or faxed applications will not be considered. Applicants working full-time (35 hours or more per week) are ineligible for consideration. See scholarship descriptions for selection criteria.

J-DOS INTERNATIONAL SCHOLARSHIP APPLICATION

The J-DOS International Scholarship will be awarded to a graduate or undergraduate student, preferably enrolled in an HBCU and interested in pursuing a career in public service. J-DOS International, member of the NFBPA National Corporate Advisory Council, has agreed to offer an award of \$ 2,000 to a deserving student. This award is designed to help NFBPA further achieve its mission of attracting the best and brightest African American and minority students to careers in public service.

ELIGIBILITY

Applicants must be enrolled as a full time student, working towards an undergraduate or graduate degree in public administration, political science, urban affairs, public policy, or a related field. Candidates should have excellent interpersonal and analytical abilities. Strong oral and written communication skills are a must. Candidates should have a 3.0 or better grade point average. Candidates should have at least one full time semester remaining after May 2018 and be enrolled in the upcoming Fall semester. While this is not a needs-based award, applicants who are currently receiving full tuition and stipends will not be considered. Applicants working full time (35 hours or more per week) are ineligible and will not be considered.

PLEASE COMPLETE ALL INFORMATION

APPLICANT'S FULL LEGAL NAME

SCHOOL RESIDENTIAL MAILING ADDRESS

SCHOOL ISSUED AND PERSONAL EMAIL ADDRESS _____

TELEPHONE NUMBER (HOME)

(CELL)

STUDENT ID NUMBER

NAME AND ADDRESS OF COLLEGE OR UNIVERSITY YOU ARE CURRENTLY ATTENDING?

WILL YOU BE RETURNING TO THE NAMED UNIVERSITY FALL 2018?

IF YOU ARE NOT RETURNING TO THE NAMED UNIVERSITY, WHAT UNIVERSITY WILL YOU BE TRANSFERING TO?
(PROVIDE PROOF OF ACCEPTANCE)

CLASSIFICATION

CUMULATIVE GPA _____

AREA OF STUDY (SPECIFIC ACADEMIC PROGRAM)

MAJOR

MINOR

MONTH & YEAR YOU EXPECT TO GRADUATE _____

NAME AND ADDRESS OF OTHER COLLEGE OR UNIVERSITY YOU HAVE ATTENDED

DATES ATTENDED _____ TOTAL CREDIT HOURS (SPECIFY SEMESTER OR QUARTER _____)

MAJOR FIELD OF STUDY _____ DEGREE RECEIVED _____

IF NO DEGREE EARNED, SPECIFY REASON FOR LEAVING THE COLLEGE OR UNIVERSITY

NAME AND ADDRESS OF OTHER COLLEGE OR UNIVERSITY YOU HAVE ATTENDED

DATES ATTENDED _____ TOTAL CREDIT HOURS (SPECIFY SEMESTER OR QUARTER) _____

MAJOR FIELD OF STUDY _____ DEGREE RECEIVED _____

IF NO DEGREE EARNED, SPECIFY REASON FOR LEAVING THE COLLEGE OR UNIVERSITY

MILITARY SERVICE _____ BRANCH _____ RANK _____

LIST ANY TRAINING RECEIVED DURING YOUR MILITARY SERVICE

WORK EXPERIENCE: USE THE FOLLOWING SPACE TO PROVIDE INFORMATION ABOUT YOUR WORK EXPERIENCE STARTING WITH YOUR CURRENT OR MOST RECENT EMPLOYMENT. YOU SHOULD INCLUDE ALL RELEVANT PAID, NON-PAID, AND MILITARY WORK. LIST PROMOTIONS AS SEPARATE JOBS. IF YOU NEED MORE SPACE, ATTACH PAGES WITH THE SAME INFORMATION. LABEL THE ATTACHMENTS WITH YOUR NAME. APPLICANTS WORKING FULL TIME (35 HOURS OR MORE PER WEEK) ARE INELIGIBLE FOR CONSIDERATION.

1. EMPLOYER (NAME & ADDRESS) _____

A. POSITION TITLE _____ B. DATE FROM _____ To _____

C. NUMBER HOURS PER WEEK _____ D. HOURLY SALARY _____

E. NUMBER EMPLOYEES SUPERVISED _____

F. REASON FOR LEAVING _____

G. DESCRIBE YOUR DUTIES & RESPONSIBILITIES

2. EMPLOYER (NAME & ADDRESS) _____

A. POSITION TITLE _____ B. DATE FROM _____ To _____

C. NUMBER HOURS PER WEEK _____ D. HOURLY SALARY _____

E. NUMBER EMPLOYEES SUPERVISED _____

F. REASON FOR LEAVING _____

DESCRIBE YOUR DUTIES & RESPONSIBILITIES

3. EMPLOYER (NAME & ADDRESS) _____

A. POSITION TITLE _____ B. DATE FROM _____ To _____

C. NUMBER HOURS PER WEEK _____ D. HOURLY SALARY _____

E. NUMBER EMPLOYEES SUPERVISED _____

F. REASON FOR LEAVING _____

G. DESCRIBE YOUR DUTIES & RESPONSIBILITIES

HOW DID YOU FIND OUT ABOUT THIS SCHOLARSHIP PROGRAM?

SIGNATURE _____

DATE _____