



NATIONAL FORUM FOR BLACK PUBLIC ADMINISTRATORS

777 North Capitol Street, NE, Suite 550 • Washington, DC 20002

(202) 408-9300 • 844-236-6154 Facsimile

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.

CPS HUMAN RESOURCE SERVICES

The Walter Vaughn Excellence in Human Resources Scholarship in the amount of \$2,500 will be awarded to a deserving graduate or undergraduate student currently enrolled in a traditional, four year accredited college or university, preferably an HBCU, to support their education and development. The scholarship, established by CPS Human Resource Services, is designed to promote and encourage advancement in the practice of Human Resource Management and to develop strategic leaders pursuing studies in the field of human resource management.

ELIGIBILITY

Applicants must be full-time students, **working toward an undergraduate or graduate degree in public administration, human resource management, or a related field.** Applicants must be involved in extra-curricular activities (excluding athletics) and should have excellent interpersonal and leadership abilities. Strong oral and written communication skills are a must. All applicants should have a 3.0 or better grade point average. Applicants should have at least one full time semester remaining after May 2018 and be enrolled in the upcoming fall semester. Applicants working full-time (35 hours or more per week) are ineligible for consideration.

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. APPLICANTS WORKING FULL-TIME (35 HOURS OR MORE PER WEEK) ARE INELIGIBLE FOR CONSIDERATION. IF YOU NEED MORE SPACE, ATTACH PAGES WITH THE SAME INFORMATION. LABEL THE ATTACHMENTS WITH YOUR NAME.

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 _____

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 _____

G. 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 _____