



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.

SPRINGSTED WATERS SCHOLARSHIP APPLICATION

Springsted Waters offers this award in honor of Euly Ford a longtime, dedicated member of the NFBPA and a highly regarded public administrator at both the local and national level. This \$1,000 scholarship will be awarded to a graduate or undergraduate student, preferably enrolled an HBCU, interested in working in public service. This award is offered in furtherance of NFBPA's goal of lending support to African-American or other minority students interested in leadership roles 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 studies, planning, public policy or a related field. Candidates must 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 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 (CIRCLE ONE)

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 _____

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 _____

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 _____