



KEYSTONE CHAPTER—EASTERN REGION

The Association of Higher Education Facilities Officers

APPA Institute for Facilities Management Scholarship Application

Complete application and submit to KAPPA Secretary: **SEE WEBSITE**

Applicant Information

Region ERAPPA

Name _____ Title _____

Institution _____

Address _____

City, State, Zip, Country _____

Work phone _____ Fax _____ Email _____

Name of direct supervisor _____ supervisor's phone _____

High school _____ School name & location _____ Course or major _____ Date of graduation _____

College/university _____

Special/trade school _____

List special achievements, awards, etc. _____

On a separate sheet of paper, list your work experience and write a brief paragraph about yourself describing your career goals, how you plan to use this scholarship, and how this scholarship will assist you.

Applicant Signature _____ Date _____

Supervisor's Evaluation

Please give a fair and objective description of the applicant. Include information about this employee's character, motivation, special talents and leadership ability. (attach separate sheet)

How long have you known the applicant? _____ In what capacity? _____

Do you certify that the applicant is a full-time employee at your institution yes no

Supervisor Signature _____ Date _____