



Norman H. Bedell APPA Professional Development & ERAPPA Annual Meeting Scholarship Application

Purpose: The KAPPA Norman H. Bedell APPA Professional Development and ERAPPA Annual Meeting Scholarship program awards scholarships to facilities professionals based on based on demonstrated financial need and an expressed interest in pursuing professional development.

Guidelines: Two (2) Bedell and two (2) ERAPPA Annual Meeting scholarships are available each year. Bedell scholarship recipients will receive full reimbursement for the tuition / registration and up to \$2,500 travel expenses associated with APPA professional development programming. ERAPPA Annual Meeting scholarship recipients will receive up to \$1,500 towards registration and expenses for attendance at the ERAPPA annual meeting. One (1) ERAPPA Annual Meeting scholarship is available for a first time attendee or member who has not attended the last 5 annual meetings. One (1) ERAPPA Annual Meeting scholarship is available for any member of KAPPA. The recipient’s institution will incur these initial costs; the recipient then may apply to KAPPA for reimbursement. All reimbursements are made to the recipient’s institution. Scholarships cannot be deferred and must be used within 12 months of receipt.

Eligibility: Scholarships are open to all KAPPA institutional members in good standing. Current KAPPA Board members are not eligible.

Deadline: The application deadline for scholarship applications is typically April 30th annually.

Directions: Please complete the application below and return via email to the KAPPA Second Vice President (his/her name can be found on the Current Officers tab of the KAPPA website). Additionally, on a separate sheet of paper, please list your work experience and write a brief paragraph about yourself, describing your career goals, how you plan to use the scholarship, and how this scholarship will assist you.

First Name: _____ Last Name: _____

Institution: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Supervisor’s Name: _____ Supervisor’s Phone: _____

	School Name & Location	Course or Major	Graduation Date
High School	_____	_____	_____
College/University	_____	_____	_____
Special/Trade School	_____	_____	_____

List special achievements, awards, etc. _____

Which Scholarship are you applying for: Norman H. Bedell Scholarship ERAPPA Annual Meeting Scholarship

If applying for the ERAPPA Scholarship,

Are you a first time attendee for the Annual Meeting? YES NO

Have you attended an Annual Meeting in the last five years? YES NO Year of last Meeting Attendance: _____

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 a 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? (circle one) YES NO

Supervisor Signature _____ Date: _____