

Ohio Association of Public Treasurers

SCHOLARSHIP APPLICATION



Name/Title: _____

Public Entity: _____

Address: _____

Email: _____ Phone: _____

What Program are you attending?

_____ Ohio Public Finance Officers Training Program

_____ Maintenance Program – Ohio Public Finance Officers Training Program

_____ Ohio APT Annual Conference – Fall of 20____

How long have you been in your present position? _____

How long have you been a member of the Ohio APT? _____

List the years you attended the Ohio APT Conference _____

Please list the community activities that you have been involved with: _____

LOCAL GOVERNMENT ENTITY INFORMATION:

Population _____

General Fund Budget \$ _____

Total Department Budget \$ _____

Department Training Budget \$ _____

ATTACHMENTS: Please attach a letter to the application from your Mayor, Council, Board OR Supervisor approving your participation in the program.

Please submit the completed application and attachment by May 1st for the June Public Finance Officer Training Program or Maintenance Program; by August 20th for the Fall Conference to:

Ohio Association of Public Treasurers

OAPT Scholarship

P.O. Box 419

Wadsworth, OH 44282

OAPT@Outlook.com