

# 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 1<sup>st</sup> for the June Public Finance Officer Training Program or Maintenance Program; by August 20<sup>th</sup> for the Fall Conference to:*

**Ohio Association of Public Treasurers**

**OAPT Scholarship**

**P.O. Box 419**

**Wadsworth, OH 44282**

[OAPT@Outlook.com](mailto:OAPT@Outlook.com)