Ohio Association of Public Treasurers

SCHOLARSHIP APPLICATION



Name/Title:			
Public Entity:			
Address:			
Email:		Phone:	
What Program are you	u attending?		
Ohio P	ublic Finance Officers Training Program		
Mainter	nance Program – Ohio Public Finance C	Officers Training Program	
Ohio A	PT Annual Conference – Fall of 20		
Nationa	al Conference – 20		
How long have you be	een in your present position?		
How long have you be	een a member of the Ohio APT?		
List the years you atte	ended the Ohio APT Conference		
Are you a member of	the National APT US&C, if so, how lo	ng?	
Please list the commu	ınity activities that you have been inv	olved with:	
LOCAL GOVERNMEN	T ENTITY INFORMATION:		
	Population		_
	General Fund Budget	\$	
	Total Department Budget	\$	
	Department Training Budget	\$	

ATTACHMENTS: Any other pertinent information, i.e., letter from your supervisor, etc.

Please submit the completed application and attachments by May 1st for the June Public Finance Officer Training Program or Maintenance Program; by June 1st for the National Conference; 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