

25 Triangle Park Drive
Concord, NH 03301

Professional Development Application

(Rolling Deadlines)

The complete Application Package should contain the following materials, as discussed below:

1. Application
2. Statement of Applicability
3. Summary of Anticipated Costs
4. Letter(s) of Recommendation by Department Manager, Direct Supervisor and/or Administrator
5. For *non-members only*: Letter of Recommendation from a NHPWA Member

A. <u>Personal Information</u>:

Full Name: _____
(First/Middle/Last)

Work Address: _____
(Number/Street)

_____
(City/State/Zip)

Title/Position: _____

Daytime Phone: (____) _____ - _____ Email: _____

Years Employed With Current Employer: _____

B. <u>Statement of Applicability</u>: The Applicant must provide a brief statement of no more than 500 words stating how the Applicant's desired training or education will benefit the public works community (either as an individual or community group).

C. <u>Summary of Anticipated Costs</u>: The Applicant must provide a complete summary of anticipated costs for the training or educational event, including travel, event registration and/or material costs. This summary should also include supporting program information, such as a flyer and/or agenda for the training or education. Awards will be limited to $2,500, anticipated costs in excess of award shall be covered by the Applicant.

D. Letter(s) of Recommendation: The Applicant must provide at least one letter of endorsement or recommendation by a Department Manager, Direct Supervisor and/or Administrator together with supporting program information. *NOTE:* For non-members, this Letter of Recommendation is in addition to the Letter of Recommendation from a Member.

E. Required Signatures: *(Applications without required signatures will be disqualified.)*

a. Applicant:
I authorize NHPWA officers to publish or post information contained in this application for advertising and announcement purposes, and certify that to the best of my knowledge, the information presented on this application is complete and true.

_____ _____
(Applicant's Signature) (Date)

b. Department Manager / Direct Supervisor / Administrator:
I have reviewed the information presented on this application and believe it is complete and true.

Signature: _____

Printed Name: _____

Title/Position: _____

Place of Employment: _____

Daytime Phone: (____) _____ - _____ Email: _____

Application Packages must be emailed in PDF format to nhpwascholarships@googlegroups.com

Additional program information can be found on the NHPWA website at the link below.
https://t2.unh.edu/NHPWAScholarship