



**International Association of
Administrative Professionals®**

Administrative Scholarship Application Package

**Montgomery County Chapter
International Association of Administrative Professionals**

DEADLINE: DECEMBER 31, 2010

Send Completed Application to:

**Rosemary Turner
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Damascus, MD 20872
Email: rosemary.turner@phns.com
Phone: 240-751-6119**

APPLICATION FOR ADMINISTRATIVE SCHOLARSHIP

International Association of Administrative Professionals
MONTGOMERY COUNTY CHAPTER

1. Name:		Telephone:		
2. Address:		Cell Phone:	Alt. Phone:	
3. School:		Principal/Advisor:		
4. Name of Parents/Guardian (If Applicable):				
5. Address of Parents/Guardian (If Applicable):				
6. Occupation(s) of Parents/Guardian (If Applicable):				
7. Circle the figure nearest your family's annual income:				
Under \$20,000	\$20,000-\$25,000	\$25,000-\$30,000	\$30,000-\$35,000	Over \$35,000
8. Why do you want to be an administrative professional?				
9. Do you feel a scholarship and/or employment will enable you to continue your education as an Administrative Professional?				
10. Are you or have you been during the past year employed:		Part Time	Full Time	
If so, where were you employed and what was your salary?				
11. What business college, university, or community college do you attend/plan to attend if you are awarded the scholarship?				
12. What is your program of study?				
13. Describe extra-curricular activities and interests: debate team, plays, public, civic or school organizations, offices held, etc.:				
14. High School/College Honors:				

15. Give two references – can be professional and/or personal:

Reference #1	Name:	Phone Number:
	Address:	Profession:
Reference #2	Name:	Phone Number:
	Address:	Profession:

I have read and understand this application. I affirm that the information I have provided and additional material that I have submitted related to this scholarship application process is complete, accurate and true to the best of my knowledge. I hereby authorize the DE-MD-DC Division Administrative Scholarship Committee to review this information for the purpose of establishing my eligibility as a scholarship applicant.

Applicant Signature:

Date:

IAAP ADMINISTRATIVE SCHOLARSHIP APPLICATION

Applicant Name:

Items 16 through 19 to be completed by instructor or advisor.

16. Summary of applicant's scholastic record – copy of transcript to be provided:

17. Example(s) of applicant's personal, academic or other accomplishments:

18. Recommendation of School Official:

19. Other Remarks:

Signature and Title

Date

Contact Information: _____

FOR USE BY IAAP MONTGOMERY COUNTY CHAPTER ADMINISTRATIVE SCHOLARSHIP REVIEW COMMITTEE

Remarks:

Committee Action:

Panel Signatures:

Name and Title

Date

Name and Title

Date

Name and Title

Date