

Seeking Work Scholorship Application Form

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|---|--------------|------------|------------|-----------|--------------|---|
| Apply this Scholarship to th | nis APICS Ho | uston Cour | rse: | | | |
| Course Name | | | | | | |
| Start Date | | | | | | |
| Place | | | | | | |
| Applicant | | | | | | |
| First Name | | MI. | | Last Name | | |
| Address 1 | | | | | | |
| Address 2 | | | | | | l |
| City | | State | | Zip | | |
| Phone | | | | | | ļ |
| email | | | | | | ļ |
| APICS Membership ID | | | (required) | | | |
| Employment | | | Out of the | Self | Permanently | |
| Status | Unemployed | Employed | Workforce | | Retired | ļ |
| Last Employer | | | | | | |
| Address | | | | | | |
| Unemployment date | | | | | | |
| Registered with TWC | | Yes | No | Expired | (circle one) | |
| I am applying for the "Seeking Work" Scholarship offered by APICS Houston for the above course I have read and understand the scholarship eligibility rules and limitations below. (required) I have attached the following document(s) as proof of my eligibility status. | | | | | | |
| Applicant (Printed): | | | | | | |
| Applicant (Signed): | | | | | | |
| Submission Date: | | | | | | |
| Instructions to Applicants: Please fill out this application completely. One form per course. If you submit via email (recommended), attach this application and scanned supporting documents to an email to VPMembership@apics-houston.org. Or mail to VP Membership, APICS Houston Chapter, 11152 Westheimer Rd. #872, Houston, TX 77042 | | | | | | |
| Scholarship Rules and limitations: 1.) Scholarships are available for APICS Members with a valid APICS Membership ID only | | | | | | |

- 2.) Scholarship approval is made at the sole discretion of VP Membership
- 3.) The decision of VP Membership is final
- 4.) Documents submitted with this application will be held in strict confidence and will be destroyed or returned to the applicant.
- 5.) Scholarships are not transferrable and carry no cash value
- 6.) Eligibility rules are available on www.apics-houston.org, or from VPMembership@apics-houston.org
- 7.) After approval, registration instructions will be emailed to the applicant's email address above.