

Active Duty Military Scholorship Application Form

Apply this Scholarship to this APICS I	Houston Course	ə :			
Course Name					
Start Date					
Place					
Applicant					
First Name	MI.	L	_ast Name		
Address 1					
Address 2					
City	State		Zip		1
Phone					
email					
APICS Membership ID	(re	equired)			
Military Status	-				
Enlistment Date					
Current Station					
Military Branch (circle one) Army	Navy	USAF	Marines	USCG	
Application: (check all that apply)					
I am applying for the "Military" Sch	olarship offered	by APICS	Houston for	the above cours	е
I have read and understand the scholarship eligibilty rules and limitations below. (required)					
I have attached the following document(s	s) as proof of my	eligibility	status.		
Applicant (Printed):					
Applicant (Signed):					
Submission Date:					
Subi	mission 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 Hous	ton Chapter, 111	152 Westh	neimer Rd. #8	72, 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.					