



**FLORIDA ASSOCIATION OF PUBLIC PROCUREMENT OFFICIALS, INC.  
SCHOLARSHIP PROGRAM**

Name and Title of Applicant:	
Name of Agency:	Date:
Office Address:	City, State, Zip:
FAPPO Membership Since:	Telephone Number:
Email Address:	

**Submittals:**

- 1) A written statement from the Chief Purchasing Official or Human Resources Director whether your entity will reimburse the costs associated with this course/seminar, and details thereof.
- 2) Provide a complete description and cost of the course/seminar the applicant is applying
- 3) Has the applicant been a FAPPO member at the minimum of 1 year?
- 4) Does this request qualify for certification or re-certification points?

**Approval:**

_____	_____
Scholarship Program Administrator	Date
_____	_____
Professional Development Chairperson	Date
_____	_____
FAPPO President	Date
_____	

<b>Payment Check #:</b> _____ <b>Amount Paid:</b> \$ _____	
_____	_____
FAPPO Treasurer	Date