



ILAPPA Scholarship Application

Date of Event [please allow 30 days for approval]: _____

Applicant Name: _____

Institution: _____ Position: _____

Address: _____

City, State, Zip: _____

Applicant E-mail: _____ Supervisor E-mail: _____

Work Number: _____ Work Cell: _____

Applicant Educational Information

High School: _____ Location: _____

College/University: _____ Location: _____

Date of Graduation: _____ Course/Major: _____

Special or Trade School: _____ Location: _____

Date of Graduation: _____ Course/Major: _____

Other Information: Please list your work experience and write a brief paragraph about yourself, describing your career goals, how you plan to use this scholarship, and how this scholarship will assist you.

Signature: _____

Email: ILAPPA Board