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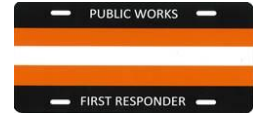
## Michael T. Joyner Scholarship

The American Public Works Association – Georgia Chapter recognizes the importance of education as public works professionals strive to provide effective and efficient services, broaden their knowledge of government, and enhance their leadership capabilities and managerial abilities. It is incumbent upon each of us to strive toward excellence in our role as a public works professional; however, in doing so some of our colleagues are at a decisive disadvantage primarily due to budget constraints. The Michael T. Joyner Scholarship provides an opportunity for public works professionals in the State of Georgia to obtain training and subsequent certification. Those who desire to utilize the Michael T. Joyner Scholarship as a means to broaden their base of knowledge by obtaining certification through the Michael T. Joyner Public Works Education Program must meet the following eligibility criteria:

1. Be a full-time employee with a Public Works agency in the State of Georgia.
2. Complete the required application.
3. Attach supporting documentation indicating need for assistance; and
4. Submit a letter from your Chief Elected Officer or Manager/Administrator stating that the local governing authority supports your educational efforts, but funding is not available for registration.

The “Michael T. Joyner Scholarship” provides registration fee assistance for one recipient per year to attend all required courses to complete the Michael T. Joyner Public Works Education Program (Certificate of Public Works Management).

If you are interested in applying for the Michael T. Joyner Scholarship or know someone else who may be interested, please complete and submit the attached application to [apwa.georgia@gmail.com](mailto:apwa.georgia@gmail.com) no later than April 1st.



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### APPLICATION FOR MICHAEL T. JOYNER SCHOLARSHIP

I hereby make application to the American Public Works Association for the Michael T. Joyner Scholarship.

1. Last Name, First Name, Initial: \_\_\_\_\_
2. Name of Employer: \_\_\_\_\_
3. Business Address: \_\_\_\_\_
4. Business Phone: \_\_\_\_\_
5. Home Address: \_\_\_\_\_
6. Home Phone: \_\_\_\_\_
7. Current Position: \_\_\_\_\_
8. Date Assumed Current Position: \_\_\_\_\_
9. Population of Jurisdiction: \_\_\_\_\_
10. Number of Employees Supervised: \_\_\_\_\_
11. Other Related Experience (Employer, Title, Dates of Service):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Is Employer a member of APWA? \_\_\_\_\_
13. Are you a member of APWA? \_\_\_\_\_ How many years? \_\_\_\_\_
14. Do you attend APWA Branch meetings? \_\_\_\_\_ Chapter meetings? \_\_\_\_\_
15. Have you attended CPWM training? \_\_\_\_\_ How many years? \_\_\_\_\_
16. Have you requested funds from your employer for training and/or credentialing?  
\_\_\_\_\_
17. Explain action taken on your request and by whom:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
18. Other information or factors to consider in evaluating my application:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby attest that the information submitted in and with this application is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date