



**AMERICAN ACADEMY OF CERTIFIED PUBLIC MANAGERS®
20XX WILKINSON SCHOLARSHIP APPLICATION**

NAME OF APPLICANT: _____

ADDRESS: _____

CONTACT: Home Phone: _____ Work Phone: _____

E-mail: _____ Fax #: _____

POSITION: _____

EMPLOYER NAME: _____

Years of Experience: _____ Full time (circle one): Y N

SOCIETY AFFILIATION OF APPLICANT: _____

COLLEGE/UNIVERSITY ATTENDING: _____

Hours completed: _____ Hours remaining: _____ Current GPA: _____

LEVEL OF STUDY: Undergraduate _____ Graduate _____ Doctorate _____

INFORMATION NARRATIVE TO ACCOMPANY APPLICATION

Please submit information in response to the following questions:

1. Describe why you feel you are deserving of a Wilkinson scholarship.
2. What are your career goals? Describe how this course of study/degree will help you reach these goals and increase your ability to serve the public.
3. Describe your level of financial need to assist in providing for educational costs.
4. Describe how you will use this scholarship.
5. Describe your participation/contribution in community, civic, and professional organizations. Highlight your leadership activities in these organizations. Include roles and periods of time in these leadership roles.
6. List any currently held academic degrees.
7. Provide information on the degree program being pursued.

Submittal of the above information must not exceed four (4) pages, no smaller than font size 11.

TWO LETTERS OF RECOMMENDATION MUST ALSO BE SUBMITTED

Each letter should be no longer than 2 pages single-spaced, no smaller than font size 11.

1. One letter of recommendation from another CPM indicating your leadership activities and adherence to the canons of public service.
2. One letter of recommendation from a supervisor/department head indicating the benefit of the pursuit of this educational goal to the organization, the employee, and the public.

APPLICATIONS MUST BE POSTMARKED NO LATER THAN (MM/DD/YY) AND RETURNED TO:

(Name of Committee Chair), Chair
Scholarship Award Committee
(Address to which applications are mailed)
(City/State/Zip)

Phone: xxx-xxx-xxxx
Fax: xxx-xxx-xxxx
Email: xxxxxxxxxxxx@xxxxxxxxxxx