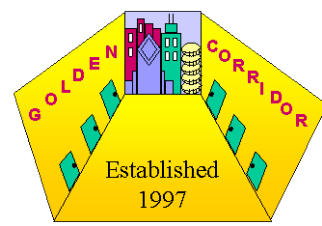




International Association of
Administrative Professionals®

SCHOLARSHIP APPLICATION CAP/CAP-OM EXAM TECHNOLOGY APPLICATIONS SPECIALTY



PERSONAL INFORMATION

Last Name:	First Name:
Address:	City / State / Zip:
Employer:	Title:
Email:	Phone:
Length of employment with present company:	Highest Level of Education:

PROFESSIONAL INFORMATION

Does your employer provide any funding for continued education or certification?

Are funds provided to you from any other sources?

What leadership positions have you held?

Title:	Date:
Title:	Date:
Title:	Date:
Title:	Date:

What other certifications have you obtained? (MOS, CMP, etc.) Please list:

**SCHOLARSHIP APPLICATION
CAP/CAP-OM EXAM
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ADDITIONAL QUESTIONS

List any professional educational programs you have attended within the previous 12 months including program title and dates:

Write a brief paragraph explaining your interest in obtaining a scholarship and why you should be chosen.

What benefits do you expect to gain?

Include at least one letter of recommendation showcasing your leadership qualities, work ethic, high performance culture, industry knowledge, etc. This recommendation can be submitted by a manager, former manager, mentor, fellow team member or anyone else in a leadership role.

Mail or email your completed application along with additional documentation to:

Barbara Turek CAP OM
Scholarship Chair
Golden Corridor Chapter of IAAP®
c/o Zurich North America Commercial
1400 American Lane
Schaumburg, IL 60196

barbara.turek@zurichna.com

SCHOLARSHIP SUBMISSION MUST BE RECEIVED BY AUGUST 1, 2012