

AMERICAN PUBLIC WORKS ASSOCIATION
CHICAGO METRO CHAPTER & BRANCHES

2023 PWX - STIPEND PROGRAM & APPLICATION



The APWA Chicago Metro Chapter wants to send you to **PWX in San Diego**, California on August 27th–30th, to experience your career in a whole new way! Apply **NOW** and you may be selected to receive a Stipend Award to use for registration, travel, and lodging up to **\$2,000**.

ELIGIBILITY:

ANY person at **ANY** level of an agency or organization can apply! Applicants or their employers must be affiliated with a Branch in the Chicago Metro Chapter of APWA.

Applicants who would be attending PWX for the first time may be given preference (not including the 2013 International Public Works Expo previously held in Chicago).

Applicants are ineligible if they are Chapter or Branch officers, active members of the Scholarship Committee for the Chicago Metro Chapter or its Branches, or family members of the same.

DEADLINE & SUBMITTALS:

Application materials are **DUE** by **MAY 31st, 2023** to the Chapter Committee contact below.

An electronic copy of this application can be downloaded from <http://chicago.apwa.net>

Complete the General Information form, Employer Statement, and the Personal Statement labeled “The Benefits of Attending PWX”. Sign and date the application (electronic signatures are acceptable). The complete application must be received on or before the deadline by e-mailing your application to committees@apwachicago.net with the subject line “**2023 PWX Stipend.**” If you have any questions concerning the stipend applications, you may contact the APWA Chapter Scholarship Committee Co-Chairs: Jeff Maczko (jmaczko@bensenville.il.us) or Marc Grigas (marc.grigas@strand.com).

AWARD & DISBURSEMENT:

Individual award winners will be notified before June 23rd, in order to register before June 30th early registration discount.

This award is paid as reimbursement for eligible expenses of the awardee only – upon providing receipts, the awardee will be reimbursed for event registration, Chapter dinner, travel, and lodging (up to 4 nights), to a maximum of \$2,000. Recipients shall make their own arrangements and pay initial expenditures for these items. Meals, car rentals, and expenses not explicitly listed herein are ineligible for reimbursement.

Required: Prior to reimbursement for travel and lodging, recipients shall write a brief 500 word minimum article for publishing in the Chapter newsletter describing their PWX experience and is to be accompanied by two photographs.

The Chicago Metro Chapter and participating Branches reserve the right to deny award of any stipend if applications fail to meet the mission of APWA and this program for continuing education.

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MISSION:

The American Public Works Association (APWA) is a 501(c)(3) not-for-profit educational and membership organization formed to develop and support the people, agencies, and organizations that plan, build, maintain, and improve our communities. Working together, APWA and its membership contribute to a higher and sustainable quality of life.

Part of the Association’s mission is to help communities understand the critical role of public works in our lives. Through a series of innovative activities, APWA helps its members reach the public, preserve the history of public works, address international issues, improve management and operations procedures, disseminate information on public works careers, and provide educational materials to school children.

To fulfill this Mission, the Chicago Metro Chapter and Branches of APWA are pleased to provide this beneficial award program to its members.

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GENERAL INFORMATION FORM

APPLICANT INFORMATION	
NAME	
APWA BRANCH AFFILIATION	
APWA MEMBER SINCE INDIVIDUAL <input type="checkbox"/> MY EMPLOYER/AGENCY IS A MEMBER <input type="checkbox"/>	
<i>Note: Individual or employer/agency membership in APWA Chicago Metro Chapter and Branch affiliation is required.</i>	
ATTENDED APWA PUBLIC WORKS CONGRESS & EXPOSITION IN FIRST TIME <input type="checkbox"/>	
HOME STREET ADDRESS	MAILING STREET ADDRESS (if different)
CITY	CITY
STATE, ZIP CODE	STATE, ZIP CODE
HOME PHONE	ALT. PHONE
EMAIL	

CURRENT EMPLOYMENT	
PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/> NOT CURRENTLY EMPLOYED <input type="checkbox"/>	
TOTAL LENGTH OF EMPLOYMENT IN PUBLIC WORKS FIELD?	
EMPLOYER	
ADDRESS	
CITY, STATE, ZIP	
PHONE	
POSITION/WORK DESCRIPTION	
SUPERVISOR:	SUPERVISOR TITLE:
Please ensure that the application is signed below, whereby the applicant attests to the following: I hereby agree to paying any remaining costs for the aforementioned program as noted in the application Award and Disbursement. I certify that all information submitted is true and correct. I hereby permit the Scholarship Committee (Committee) of the Chicago Metro Chapter of the American Public Works Association (APWA) to verify any information in my application. I understand the judgments of the Committee are final, and I will abide by such judgements without recourse or action against the Committee or any and all members of APWA. I further certify that neither I nor any member of my family is an APWA Chapter or Branch officer, or a member of the APWA Chapter Scholarship Committee or co-sponsoring Branch Scholarship Committee.	
_____	DATE
APPLICANT SIGNATURE	

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EMPLOYER STATEMENT

APPLICANT'S NAME	
EMPLOYER	
EMPLOYER ADDRESS	
DEPARTMENT OF APPLICANT	
LENGTH OF EMPLOYMENT OF APPLICANT	
DIRECT SUPERVISOR'S NAME	
SUPERVISOR'S POSITION	
SUPERVISOR'S PHONE	EMAIL
Are you or your organization a member of the APWA Chicago Metro Chapter? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Describe how your employer will benefit by this employee attending the International Public Works Expo - PWX (attach separate page if needed):	
Can Employer reimburse Employee for expenses not covered explicitly by this stipend for PWX? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, what portion of the other costs can be reimbursed?	

I affirm that this Employer will approve this Employee's request to be away from the regular job assignments to attend the four (4) days of the PWX conference. I certify that all information submitted above is true and correct.	
EMPLOYER INFORMATION COMPLETED BY:	
TITLE:	
_____	DATE
EMPLOYER'S SIGNATURE	

