

Doreen Smart National Scholarship Application Form

Post Application to:

Chairman
AAPNZ Professional Development Sub-Committee
P.O. Box 5431
Lambton Quay
Wellington 6145

Email: professional.development@aapnz.org.nz



ASSOCIATION OF
ADMINISTRATIVE
PROFESSIONALS
NEW ZEALAND INC

Te Kāwarangi

Name: _____

Address: _____

Membership Number: _____

Summary of Scholarship Proposal (full proposal to be attached)

Signature:

Doreen Smart National Scholarship Application Form

For Endorsement:

GROUP:

Please provide a full statement of support to include:

- the appropriateness of the application
- confirmation that the opportunity is relevant to personal/professional development of this member and to the Association as a whole
- confirmation that this, or a similar opportunity is not available through normal Group activities

----- Group President

----- Group Membership Officer

EMPLOYER/CAREER COUNSELLOR:

Please attach a full statement of support to include:

- confirmation that the opportunity is relevant to this member's personal and/or professional development
- confirmation of support for the requirements of this opportunity
- acknowledgement of recognition for achievement

Name and signature

Date

