

DENISE ABBOUD FUND

APPLICATION FOR SCHOLARSHIP – GPA FALL CONFERENCE

The Denise Abboud Fund is dedicated to help with the education and professional development of planners and volunteer appointees that work in or provide assistance to Georgia cities and counties in official planning roles, such as a staff planner, zoning administrator, planning commissioner, regional planner, etc.

Scholarships in an amount up to \$500 are awarded to offset costs to attend the **Fall GPA Conference**. Selection Criteria (found on the GPA web site at www.georgiaplanning.org) may be applied when the number of applicants exceeds the total funds available.

GPA Fall Conference: **Location:** **Dates:**

APPLICANT

Name _____
 First *Middle* *Last*

Address _____

Street Apartment/Suite #

City	County	State	Zip Code
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Telephone _____ ☐ Home ☐ Work Email Address _____

GPA Member? ☐ Yes ☐ (AICP?) ☐ No ☐ Have Applied *

* Georgia Planning Association Membership is **not required** for assistance from the Denise Abboud Fund, but GPA may waive the Conference Registration Fee for those GPA members that are awarded scholarships. To become a GPA member, go to www.planning.org. You can join as a full APA Planning member or as a Planning Commissioner, whichever applies (either of which includes membership in the GPA Chapter).

APPLICANT INFORMATION

Community (Town, City or County) you serve _____

County in which the community you serve is located _____

Current Position/Title

Describe your Current Responsibilities (and for how long):

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Have you previously served your community in a different planning capacity or in a planning capacity for a different town, city or county?

☐ No

☐ Yes Please describe your most recent previous planning experience and for how long:

BENEFIT

Briefly describe how attending the GPA Conference will help your professional development:

Briefly describe how attending the GPA Conference will benefit your community:

FINANCIAL AID

☐ A Letter of Reference from my supervisor indicating my official planning role is attached. (Required).

☐ By checking this box, I certify that the information provided in this application is complete and accurate. In the event that I receive an award from the Foundation, I will use the award to attend the GPA Conference.

Date of Application: _____

Save your Application with your name and email it to the Foundation at eric.bosman@kimley-horn.com

Your Application and receipt of the scholarship will be held in strict confidentiality by the Foundation.