



2020 SCHOLARSHIP APPLICATION Darcell Ambres

Please find attached the Darcell Ambres Scholarship Application that is awarded annually by SETAPP to one (1) or more qualified individuals. The recipients(s) will be notified by email and recognized at the March quarterly meeting.

All submissions must follow the submission requirements in order to be considered.

Applicant must be a SETAPP member in good standing (all dues paid) for a minimum of one (1) year. In addition, applicant have attended at least two (2) quarterly meetings within the year 2019.

Requirements:

- 1. Submission to be emailed to <u>christopher.martin@pur.hctx.net</u> by 5PM (CST) on Friday, February 21, 2020.
- 2. Submission to be one (1) continuous Adobe PDF document.
- 3. Ensure all blanks are completed on form.
- 4. Include in submission a current resume.
- 5. Include in submission verification for employment or student status.





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APPLICANT INFORMATION

Full Name of Applicant:	
Daytime Telephone:	Fax Number:
	CURRENT EMPLOYMENT AND/OR STUDENT STATUS
Name of Employer:	
Current Position Title:	
List any honors or accom	plishments:
Name & Telephone of Im	mediate Supervisor:
Business Address:	
Student: Yes□	No□
If a Student:	
Full Time Part Tin	ne□
Name of Institution where	e currently enrolled:
Major:	
	PROFESSIONAL AFFILIATIONS
SETAPP Membership Ty	pe: Regular□ Honorary□ Retired□ Associate□ Student□
How long have you been	a member of SETAPP?
List contributions made to	o SETAPP/Purchasing profession:

Do you currently hold any professional purchasing certification(s)? Yes \square No \square	
If yes, which one(s) and when did you receive it:	
If no, are you seeking professional certification? Yes \square No \square	
If yes, which one and what is your planned course of action:	
List any other professional associations to which you are a member, how long you have been a member, and the degree to which you are involved (committee member, etc.)	1
Previous professional development courses attended:	
What would be one contribution that you would like to be able to make to SETAPP to help it better meet the needs of th membership?	e
Have you ever received a SETAPP scholarship in the past? Yes D NoD	
I certify to the best of my ability that the statements made herein represent true and factual information	
Applicant's Signature Date	
Check list for submission of a complete package: ✓ All blanks completed on this form ✓ Current resume attached ✓ Please use additional pages to answer questions if necessary ✓ Verification attached for employment or student status	
*** FOR COMMITTEE USE ONLY ***	
Date Application Received Date Reviewed by Committee	

Recommendation_____

Signature of Committee Chairperson ______