



Herberta Ann Leonardy Scholarship

Thank you for your interest in the Herberta Ann Leonardy Scholarship. The scholarship's purpose is to maintain NAP members, Registered Parliamentarians (RP), and Professional Registered Parliamentarians (PRP). Toward that end, the scholarship aims to make it possible for FSAP members to advance their skill level in parliamentary procedure. The scholarship meets that goal by providing financial assistance to FSAP members for registration fees for state and national parliamentary events, certification exams and/or related study materials (NAP membership exam, RP, and PRP credentialing exams), and membership dues for unit, FSAP and/or NAP. Scholarship funds may cover these expenses in whole or in part.

Eligibility criteria:

- Applicant must be a member of FSAP for at least 12 consecutive months and be a resident of the state of Florida.
- Applicant must be sponsored by a Registered Parliamentarian (RP), a Professional Registered Parliamentarian (PRP), or an elected officer of a local unit.
- Submit along with application, a signed written statement, 250 words or less, explaining the purpose of the request and the amount of money requested.
- Submit application 30 days before the money is needed to allow time to process request.

To proceed, please complete the application, which follows. Past scholarship recipients may reapply. When the application is completed, email it to the Scholarship Committee Chair, Mary Giddens, at the email below.

HERBERTA ANN LEONARDY SCHOLARSHIP

Applicant Information

Full Name: _____ Date: _____
 Last *First* *M.I.*

Address: _____
 Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Phone: _____ Email _____

Date Money Needed: _____ Desired Amount: \$ _____
[Application shall be submitted 30 days in advance of date needed.]

Purpose of Application: _____

Are you a student in high school or college? YES NO

Sponsor Information

Is your sponsor a Registered Parliamentarian (RP)? YES NO

Is your sponsor a Professional Reg. Parliamentarian
(PRP)? YES NO

Is your sponsor an elected officer of a FSAP Unit? YES NO

Sponsor's Name: _____ Phone: _____

Email: _____

Applicant's Statement of Need (max 250 Words)

[Proceed to next page if necessary] By sending this form as an email attachment with your personal information included, you hereby certify as if you had signed the form personally.

Signature: _____ Date: _____