

Carolinas Association of Governmental Purchasers  
The Frayda S. Bluestein Scholarship Award for Purchasing Practitioners

Application Form

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This application and supporting documents must be completed and sent to:

Brent Quick, CLGPO  
CAGP Scholarship  
Town of Knightdale  
950 Steeple Square Ct.  
Knightdale, NC 27545

All documents must be received by June 30th or December 31st; must be typed and will become the property of CAGP.

**RECOMMENDATIONS:**

All applicants must arrange for their two recommendations and one letter as described below to be sent directly to the CAGP Scholarship Award address as shown above.

1. Request your division or department head to complete the recommendation and send it to CAGP.
2. A second recommendation must be from an official outside the Purchasing Department who is familiar with your capabilities.
3. Have your division or department head write a separate letter commenting on your performance during the prior year or have your Human Resource Department forward a copy of your latest performance evaluation.

Carolina Association of Governmental Purchasers  
The Frayda S. Bluestein Scholarship for Purchasing Practitioners

Application Form

Name: \_\_\_\_\_

SS# \_\_\_\_\_

Office Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Office Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Your Title: \_\_\_\_\_

Department/Division Head: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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1. How long have you been employed in the purchasing field? (When, for whom, job titles).
  
2. Describe your current position responsibilities and duties. (150-200 words, use separate sheet if needed).
  
3. Describe the course/educational activity you wish to pursue, when and where it will be given, by whom and to what degree program does the activity apply (approximately 125 words use additional paper if needed or attach the printed description of the activity if it includes all the information requested).
  
4. What is the full cost of this activity? Itemize as to tuition/registration, fees, books, etc. and dates funds are required. Use additional sheet if needed.
  
5. Of this amount, how much will be funded by other sources? List source also.
  
6. Using separate sheets, double spaced, with your name and activity at the top, in approximately 500 words, describe how you believe this activity will advance your career in purchasing. Describe your commitment to continue in the field professionally.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Carolina Association of Governmental Purchasers  
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Recommendation

Deadline: June 30<sup>th</sup> or December 31<sup>st</sup>

Please complete this recommendation form and send it directly to:

Brent Quick, CLGPO  
CAGP Scholarship  
Town of Knightdale  
950 Steeple Square Ct.  
Knightdale, NC 27545

If you have any questions regarding the program or this recommendation form, please call (919) 217-2214.

Name of Scholarship Applicant: \_\_\_\_\_

Current Position of Applicant: \_\_\_\_\_

Your Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Office Phone: \_\_\_\_\_

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1. How long have you known the applicant?
  
2. Do you feel they will benefit from this scholarship and do you feel they can successfully complete the program for which they are applying?

**CASH FLOW BUDGET**

Required for application for the Frayda Bluestein Scholarship for Purchasing Practitioners.

For the period of: \_\_\_\_\_

Description	Amount Due	Date Required	Reimbursement	Source of Reimbursement
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Total non-reimbursed expenses for the period  
(Total of Column (1) less total of column (4)). \_\_\_\_\_

Instructions:

- Column (1) Itemized description of all expenses such as tuition (include course, name and numbers), registration, fees, books, supplies, travel, etc. **BE SPECIFIC.**
- Column (2) Amount due for each item in Column (1).
- Column (3) Date that each item in Column (1) is due to be paid to you.
- Column (4) Amount that will be reimbursed to you from other sources for the activities listed in Column (1).
- Column (5) The source of the reimbursement amount shown in Column (4).