



APPLICATION
NAFA CERTIFIED AUTOMOTIVE FLEET MANAGER (CAFM)
1999 SCHOLARSHIP APPLICATION
THROUGH
FLORIDA ASSOCIATION OF GOVERNMENTAL FLEET ADMINISTRATORS

Application Procedures

1. Complete this form in ink (please print or type).
2. Provide two (2) reference letters from business associates and one (1) from a sponsoring FLAGFA member describing candidate's scholastic and extracurricular attributes.
3. Provide a copy of letter confirming enrollment in NAFA CAFM program. Program must be completed within the time frame designated by NAFA in order to qualify for FLAGFA reimbursement.

NAME : _____

HOME ADDRESS: _____

MAILING ADDRESS: _____

HOME PHONE: _____ SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____ (PLEASE CHECK) MALE _____ FEMALE _____

DATE OF CAFM ENROLLMENT: _____ Copy of letter must be attached).

NAME OF CURRENT EMPLOYER: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

NAME OF SUPERVISOR/DIRECTOR: _____

PHONE NUMBER: _____ FAX NUMBER: _____

I understand that, in order to qualify for reimbursement for materials and testing fees of the National Automotive Fleet Administrator's Certified Automotive Fleet Manager's Program, I must complete the required 8 testing sections and required case study with passing scores within 24 months of enrollment as currently published by the NAFA program. Failure to complete within the established NAFA time frame from the date listed above null and voids my eligibility for this scholarship. Should I choose to withdraw from the CAFM course of study prior to my completion, I shall notify the Florida Association of Governmental Fleet Administrators (FLAGFA) in writing that I withdraw my scholarship eligibility so that it can be passed on to another applicant.

SIGNED: _____ DATE: _____

FLAGFA AUTHORIZED SIGNATURE: _____ DATE: _____

DATE OF 24 MONTH COMPLETION: _____