



2009 APPLICATION FOR IACCE SCHOLARSHIPS

Please complete, sign and submit this form accompanied by a resume of your professional and educational experience and a letter of reference from your Chamber's current board president or fellow Chamber executive to the IACCE Scholarship Committee. Please note, there is a limited amount of scholarship funds available through IACCE annually. **Scholarships are available for educational programs and conferences sponsored by IACCE, the Illinois Chamber, American Chamber of Commerce Executives, and the U.S. Chamber.**

Notification to recipients will be sent out as soon as the committee's decision has been made. Scholarship consideration will be based on a rating scale, which will include thoroughness of comments, information verification and explanation, presentation of materials and financial need. Institute scholarships are only available to Chamber professionals that have been employed in the industry for one year or more. Thank you for your membership to IACCE! Applications are to be made at a minimum of **30 days** before the conference date.

Should the committee not meet before the event and the applicant is selected for a scholarship, monies will be distributed to the appropriate Chamber for reimbursement of the event.

SECTION 1 – APPLICANT/ORGANIZATION INFORMATION

Full Name: _____ Title: _____

Organization: _____

Street Address: _____

City: _____ Zip Code: _____

Business Phone: _____ Business Fax: _____

Email Address: _____

of years in Chamber work: _____ Have you: Attended IACCE conferences or workshops Served on an IACCE committee

of Employees: _____ What is your organization's total annual budget \$ _____

What amount of your organization's total annual budget is allocated to training: \$ _____

Do you have a training plan in place at your Chamber? Yes No

SECTION 2 – SCHOLARSHIPS AVAILABLE:

Please indicate below which conference or training program you are applying for _____

Have you attended Institute before? Yes No

If yes, please list years and sites: _____

Have you previously received an IACCE scholarship? Yes No If yes, which one? _____

Have you previously applied for an IACCE scholarship? Yes No If yes, which one? _____

If you are not awarded a scholarship, will you still attend the event in which you are applying? Yes No

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SECTION 3 – ESSAY QUESTIONS

Please answer the following questions on separate pages as completely as possible.

1. Why is it necessary for you to apply for a scholarship?
2. Summarize your career objectives and describe your understanding of organization management.

SECTION 4 – ORGANIZATION AND INDIVIDUAL COMMITMENTS

Scholarships provide financial support toward registration fees only for IACCE members in good standing. You will be responsible for the balance of fees, transportation, lodging and miscellaneous expenses. Should you decide not to attend the conference, all monies distributed to the appropriate Chamber are to be reimbursed to IACCE. Please remember to attach a copy of your current resume and letter of recommendation from either a fellow Chamber executive or your board president.

SECTION 5 – AUTHORIZATION

Our organization supports this application, and I will recommend that the budget for next year will include adequate funds to allow for continued participation in IACCE/Institute activities.

Employer’s signature and title Date

Applicant’s signature Date

Please note: Your application will be considered if you have not been the recipient of aid for the selected category of educational experience. Duplicate scholarships will not be awarded. If the applicant receives scholarship assistance from another organization, IACCE reserves the right to withdraw all or a portion of the IACCE scholarship.

Return one copy of your completed application and attachments to IACCE:

IACCE
Scholarship Committee
215 East Adams
Springfield, IL 62701

Fax: 217-522-5518
Phone: 217-522-5512

INTERNAL USE ONLY			
Scholarship Application	<input type="checkbox"/> Accepted	<input type="checkbox"/> Denied Board	Decision Date _____
Check Number _____	Total Amount \$ _____	Scholarship Received Date _____	