



**SoACE PROFESSIONAL DEVELOPMENT
SCHOLARSHIP**
Career Services Membership

NAME: _____

EMPLOYER: _____

DEPARTMENT: _____

ADDRESS: _____

PHONE NUMBER: _____

FAX: _____

EMAIL: _____

Please provide a one-page response to the following questions and attach your resume.

1. Briefly state why you wish to be awarded the professional development scholarship. Include the name of the program/event, location, dates and itemized cost of the program of choice.
2. Describe your career objectives.
3. Include any additional information the SoACE Scholarship Committee should consider relative to your scholarship application.

I verify that the information submitted is accurate. I understand that by submitting this application, I am committing to apply the SoACE Professional Development College/University Scholarship toward a professional development program/event/certification/course tuition. The maximum amount of the scholarship is \$1500. I understand that any additional expenses beyond this amount will be either my personal responsibility or my employer's. **I understand the scholarship is provided for a one-time expense and must be used by April 1, 2009.**

Applicant's Signature

Date

Application must be postmarked by March 7, 2008!

SUPERVISOR'S APPROVAL:

I recommend the above named person for the SoACE Professional Development Scholarship award. If selected, I will support his/her attendance at the professional development program of their choice.

Name (*print please*)

Title

Signature

Date