

SoACE PROFESSIONAL DEVELOPMENT SCHOLARSHIP



NAME

TITLE

EMPLOYER

DEPARTMENT

ADDRESS

PHONE NUMBER

FAX

EMAIL

CHECK ONE:

EMPLOYER MEMBER

COLLEGE MEMBER

Please save this form and complete the blanks. Using the space on the following page, please respond to the following questions. Email the completed form, along with your resume, to Dana Faircloth Sumner at sumnerd@meredith.edu

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 Scholarship toward a professional development program/event/certification/course tuition/resources. The maximum amount of the scholarship is \$1500. I understand that any additional expense 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, 2010 and documentation for doing so is to be provided to the Scholarship Committee by this deadline.**

Applicant's Signature

Date

Note: If completing electronically, type in your name as evidence of your signature.

Application must be postmarked/e-mailed by March 27, 2009!

Please use the space below for your response.