

Wyoming Chamber of Commerce Executives Scholarship Program Application

General Instructions:

The application form must be completed in its entirety and bear the signature of the chamber of commerce organization's authorized project director. All attachments must accompany the original application.
Application must be postmarked at least 30 days prior to the training event.
Incomplete applications will not be reviewed.

1. Sponsoring Chamber of Commerce _____
2. Person For Whom Scholarship is Requested _____
3. Mailing Address _____
4. City and Zip Code _____
5. Phone # _____ Fax # _____
6. E-Mail Address _____
7. Attendee's Position in the Sponsoring Organization _____
8. How long with sponsoring organization? _____
9. Name of Training Program _____
10. Location Where Training Will Be Held _____
11. Specific Course Title _____
12. Course Date(s) _____
13. Certification earned upon completion of the program _____
14. Briefly describe the Course and explain how it will benefit the chamber and community in your area and the State of Wyoming _____

15. Attach a copy of the Course Description or other publicity document. Required for prepayment of tuition or registration fees.
16. Attach written documentation from your Chamber's Board of Directors for support and financial commitment to this educational training program.
17. Briefly describe any training programs that have already been completed (use additional pages if needed). _____

18. Has your organization received any other WCCE Scholarship this calendar year? If so, please describe. _

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Itemized Request for Funding

1. Tuition or Registration Fee – Please attach Registration Form \$ _____

Do you want this fee paid directly to educational institution?

Yes _____ No _____

2. Estimated Travel Expenses

a. Transportation \$ _____

b. Lodging \$ _____

c. Food \$ _____

d. Other _____ \$ _____

Total \$ _____

TOTAL Scholarship Request \$ _____

Certification

I certify that the information provided in this application is true and correct to the best of my knowledge. If approved as a participant in the WCCE Scholarship Program, I agree to provide the required documentation to the Wyoming Chamber of Commerce Executive's Training and Scholarship Committee.

I also understand that this grant is funded in cooperation with the Wyoming Business Council.

Signature

Title

Date

To be completed by the WCCE Training and Scholarship Committee

Amount of Scholarship \$ _____

Date Approved _____ Approved By _____