

SCHOLARSHIP APPLICATION

Please complete **all** items by typing or printing.

I. Applicant

Name: _____ Title: _____

Firm/Organization: _____

Address: _____

City/State: _____ ZIP: _____ Telephone: _____

Email _____

Total Amount Requested: \$ _____ Used for: ____ Travel, ____ Registration, ____ Other

If Other, please explain: _____

II. Experience

Please attach current resume.

NREDA member since: _____

Time in present position: _____

Economic development experience: _____

III. Financial Need

Please attach current organizational budget

Have you previously received an NREDA scholarship? _____

If yes, when: _____ Amount: \$ _____

What did the scholarship cover? _____

Total Annual Organizational budget: \$ _____

Total Annual Educational/Training budget: \$ _____

IV. Course Information

Name of Economic Development Continuing Education/Certification and date attending:

V. Merit

Please provide a brief overview of your future educational plans and discuss your desire to continue in the economic development profession.

VI. Employer's Consent and Participation Agreement

I, _____ (name) _____ (title) hereby, consent to allow time for fulfillment of the economic development education program at _____ (course title) and further agree to participate in the expense of the course and to encourage a continuing education program for the applicant.

Employer's Signature: _____ Date: _____

VII. Applicant's Certification

If I am granted a scholarship, I hereby certify:

- I fully understand my obligations incurred by the scholarship;
- I will fulfill the requirements of attendance and prescribed studies of the economic development programs;
- I will supply to NREDA documentation of tuition or course fee; and
- I will supply to NREDA documentation of completion of course, or verification of attendance within 30 days of completion of course. Failure to do so will result in no reimbursement from NREDA.

Applicant's Signature: _____ Date: _____

By signing above, the applicant certifies that the information submitted herein is true, accurate, and correct.

Incomplete or unsigned applications will be returned.



Required Attachments

Applicant's Resume (Section II)
Organizational Budget (Section III)

Please Return Application and Attachments to:

Chair, Education Committee
National Rural Economic Developers Association
1255 SW Prairie Trail Parkway
Ankeny, IA 50023
director@nreda.org
(515) 334-1167 fax
(515) 243-4585 phone

(Do not write in below space.)

VIII. NREDA Board of Directors Action

Amount of Award Granted/Denied: _____ If award, Amount: \$_____

Board Meeting Date: _____

Chair, Education Committee