

Logan S. Chambers Scholarship Application

Applicant: Complete Items 1-13, send to: IAWP Administrative Office, 1801 Louisville Road, Frankfort, KY 40601. **Important:** The Administrative Office must receive your grant applications and applicable documentation NO LATER THAN 90 DAYS after the course-ending date. If you are awarded a grant, your name will be published in *Workforce Professional* unless you notify IAWP to withhold publication.

Eligibility: The grant applicant must be an IAWP full member to be eligible. IAWP will determine the full member's yearly eligibility status by the fiscal year in which the actual grant payment is made.

Member Name: _____ Chapter: _____

1. Applicant Name: _____ Chapter: _____

2. Address: _____
Street or PO Box, City, State, Zip

3. Office Phone: () _____ Home Phone: () _____

4. In what year did your consecutive years of IAWP membership began:

5. Title of Course: _____

6. Total Tuition Costs: _____ Grant Amount Requested: _____

7. Course-beginning date: _____ Course-ending date: _____

8. Course results in _____ credit hours, or in _____ CEUs.

9. **Attach a brief explanation of how this course relates to your work or your promotional chances.**

10. Name/Mailing Address of Course Provider: _____

11. Your Social Security Number or Student ID. Number: _____

12. Select only one of the payment options below and include all documentation listed.

☐ A. Advance Payment to Provider

- 1. Provider's course description.
- 2. Receipt with breakout of instructional costs.
- 3. Provider's complete mailing address (see Item 10).

Note: You must submit proof of course completion within 90 days of the course-ending date or risk ineligibility for subsequent grants.

☐ B. Reimbursement (full or partial)

- 1. Provider's course description.
- 2. Receipt with breakout of instructional costs.
- 3. Original or certified receipt from course provider.
- 4. Proof of agency partial reimbursement, if applicable.
- 5. Proof of course completion (required).

13. Applicant Signature: _____ Date: _____

(For Administrative Office Use Only)

☐ Approved Date: _____ Amount: \$ _____ Check #: _____

☐ Denied Date: _____

ID#: _____ Signature: _____ Date: _____