

# Freddy L. Jacobs Student Individual 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 application and applicable documentation NO LATER THAN 90 DAYS after the course-ending date. If you are awarded a scholarship, your name may be published in *Workforce Professional* unless you notify IAWP to withhold publication.

**Eligibility:** The applicant must be an IAWP student member or a dependent of an IAWP full member to be eligible. IAWP will determine the Student/Full member's yearly eligibility status by the fiscal year in which the actual scholarship payment is made.

Applicant Status:  Student Member  Dependent (Must list member's name & chapter below)

1. Applicant Name: \_\_\_\_\_ Chapter Affiliation: \_\_\_\_\_

If a dependent, IAWP full member name: \_\_\_\_\_

2. Address: \_\_\_\_\_ E-mail \_\_\_\_\_  
Street or PO Box, City, State, Zip

3. Home Phone: ( ) \_\_\_\_\_ Other Phone: ( ) \_\_\_\_\_

4. The year a Student Member or Full Member of dependent began consecutive IAWP membership: \_\_\_\_\_

5. Title of Course: \_\_\_\_\_

6. Total Tuition Costs: \_\_\_\_\_ 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 increases your knowledge, skills and abilities in the area of leadership or workforce development, or the type of associate or undergraduate degree or other certification you are pursuing, or how the course work is required to complete an educational training program to obtain a high school diploma.

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

B. Reimbursement (full or partial)

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

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).

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

13. Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### (For Administrative Office Use Only)

Approved Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Check #: \_\_\_\_\_

Denied Date: \_\_\_\_\_

ID#: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_