

IAWP Professional Development Memorial Scholarship Application

Applicant: Complete items 1-4 and send to:

IAWP Administrative Office
1801 Louisville Road
Frankfort, KY 40601

Important: The Administrative Office must receive your grant application and applicable documentation NO LATER THAN 90 DAYS after your exam date or purchase date. If you are awarded a grant, your name will be published in the *Workforce Professional* unless you notify IAWP to withhold publication.

1. Member Name _____

Chapter: _____

Address: _____

Street or PO Box, City, State, Zip Code

Phone: () _____ Work: () _____

2. Grant Amount Requested: \$ _____

3. Documentation included:

____ Receipt for WPDP Study Guide

____ Receipt for WPDP Exam Fee

____ Receipt for CWS Certification Fee

____ Receipt for CWS Recertification Fee

4. Applicant Signature: _____

Date: _____

For Administrative Office use only:

Membership Verification: _____

Approved on _____ for \$ _____ Check # _____

Denied on _____ Reason: _____