



# Continuing Education & Training Scholarship Program Application Form

## **Member Business / Organization Information:**

Name of Applicant: \_\_\_\_\_

Member Business / Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Length of Chamber Membership (in years): \_\_\_\_\_

Has applicant or member business ever received a Continuing Education and Training Scholarship from the New London Area Chamber of Commerce? (Yes / No)

If yes, when? \_\_\_\_\_ What was the amount of the scholarship? \_\_\_\_\_

## **Training Information:**

Training Activity / Course Title: \_\_\_\_\_

Training Location: \_\_\_\_\_

Date(s) and Length of Course: \_\_\_\_\_ Cost of Course (Tuition Only): \_\_\_\_\_

Other Anticipated Costs (Books) \_\_\_\_\_ Amount of Scholarship Requested: \_\_\_\_\_

## **Additional Information to be Included:**

- Explanation supporting why this training is needed, how this training / course will improve your ability to perform effectively in your current position, and how this additional study will benefit your business / organization (please be specific)
- Include with your application a letter of endorsement from your employer for the specific training and / or course being considered for a scholarship and note who will be paying the tuition
- Copy of receipt or invoice for course. Copies of any brochures, syllabus, agenda, that you think will be helpful in considering your request

Applicant (Signature / Date) \_\_\_\_\_

Business Owner / Organization Officer (Signature / Date) \_\_\_\_\_

Submit your completed application to:  
New London Area Chamber of Commerce  
420 N. Shawano St., New London, WI 54961

If you have any questions regarding this application or the Continuing Education and Training Scholarship Program Please call the New London Area Chamber of Commerce at (920) 982-5822 or e-mail Director@NewLondonChamber.com.