

# SCHOLARSHIP APPLICATION

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

## Applicant Information:

I. Applicant Name \_\_\_\_\_ Title \_\_\_\_\_

Firm/Organization \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ ZIP \_\_\_\_\_ Telephone \_\_\_\_\_

Number and Dollar Amount of Scholarships Previously Received from PDI \_\_\_\_\_

II. Nature of Business or Profession: \_\_\_\_\_

Please attach current resume

Length of time in economic development field: \_\_\_\_\_

Length of time in present position: \_\_\_\_\_

Length of time as a PDI member: \_\_\_\_\_

III. Total Amount Requested \$ \_\_\_\_\_ Total Tuition or Course Fee \$ \_\_\_\_\_

Applicant's Supporting Statement of Need for the Scholarship:

(Please attach current organizational budget)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IV. List all sources; State, local, or other match sources(s) if appropriate: (Name of organization and amount)

Name 1- \_\_\_\_\_ Amount \$- \_\_\_\_\_

Name 2- \_\_\_\_\_ Amount \$- \_\_\_\_\_

## Course Information:

V. Economic Development Continuing Education:

Name of Course and Date attending

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VI. Please give a brief overview of your future educational plan:

\_\_\_\_\_  
\_\_\_\_\_

## Employer Information:

V. 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 \_\_\_\_\_

VI. Applicant's Certification

If I am granted a scholarship, I hereby certify:

- A. I fully understand my obligations incurred by the scholarship.
- B. The information submitted herein is true, accurate, and correct.
- C. I will fulfill the requirements of attendance and prescribed studies of the economic development programs.
- D. I will supply to PDI documentation of tuition or course fee.
- E. I will supply to PDI 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 PDI.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Incomplete or unsigned applications will not be considered.*

**Required Attachments**

- Resume (Section II)
- Budget (Section III)

Please return this application to:

Chair, Education Committee  
Professional Developers of Iowa (PDI)  
1255 SW Prairie Trail Parkway  
Ankeny, IA 50023-7068  
Phone: (515) 243-4585  
Fax: (515) 251-8657

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(do not write in space below)

VII. PDI Board of Directors Action

Amount of Award Granted \_\_\_\_\_ Award Denied \_\_\_\_\_  
Board Meeting Date \_\_\_\_\_

\_\_\_\_\_  
Chair, Education Committee