

SCHOLARSHIP APPLICATION FORM

Applications are open all year subject to funding availability.

Please email this form to AFeldt@weda.org. All recipients will be notified by email.

If selected, you may be asked to support data you provide. Likewise, all correspondence will be generated from the personal information submitted below. So, please use proper spelling, capitalization, and punctuation.

I. Personal Data

Tell us about yourself

Full Name*

First Name

Last Name

Title

Employer*

Do you or your organization serve a rural area of the state? Yes No

If you or your org. serves in an urban area, is your service targeted to low and/or moderate-income individuals or neighborhoods?

Yes No

Year of Birth*

Mobile No*

(000) 000-0000

Email *

ex: myname@example.com

Contact Information

Address* Business Address Home Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Information regarding gender, ethnic origin and race are optional. The information is requested for **post-scholarship report generation only** and in no way affects your selection for WEDA scholarship awards. However, providing this information may increase your opportunities for scholarships where donors have asked that priority consideration be given to students meeting certain demographic criteria (such as minority status, place of employment, area of study, etc.)

Gender Male Female Other Prefer not to answer

Are you a Veteran or spouse of a Veteran? Veteran Spouse Neither

Are you a spouse of an Active Military member? Yes No

Do you identify as a member of a race, ethnic or diverse population?

- American Indian or Alaska Native Asian
 Black or African American Hispanic or Latino
 Native Hawaiian or Other Pacific Islander LGBTQ

Do you have a disability? Yes No

Are you part of an underserved population? (*Underserved populations include consumers who share one or more of the following characteristics. In area that receives fewer services such as health care, education, or training opportunities in the career field of choice. Encounter barriers to accessing primary services (e.g., economic, cultural, and/or linguistic). Have a lack of familiarity with the services delivery system.*)

Yes No

Are you a first-generation college student? Yes No

II. Major Area of Study or current employment position.

III. What is your career objective?

IV. What is your need for this scholarship? (Can Check Multiple)

- It's in line with my current studies and future career
- It would provide the education needed to convince my employer of the benefits of WEDA
- I am new in my role and need the professional training
- I am new to the industry
- I need to explore Ec Dev as a career choice
- Other:

V. Which of the WEDA scholarships are you interested in?(See enrollment prices on registration page)

- Fall Best Practice Conference
- Academy
- Governor's Conference on Economic Development
- Basic Economic Development Course

VI. Dollar amount you and/or your employer have budgeted for/are able to contribute for this?

VII. What is your desired coverage for this scholarship? (Please specify percentage)

Registration Assistance (Priority)

Lodging Assistance

VIII. Extras

Have you ever received a WEDA scholarship? If yes, for what and how much was received?

IX. Applicant's E-Signature

By submitting this application you are attesting that the information is accurate. You will receive a confirmation of submission. An email with the Scholarship decision will be sent in advance of the event(s) you wish to attend. Please print for your records and retain as verification of your application.

Signature