



# Scholarship Application for Institute or W.A.C.E.'s Academy - 2017

A scholarship program is offered annually from the CCCE organization to individuals who are employed by a chamber of commerce and are current members in good standing of CCCE. This application is for 2017 Institute or W.A.C.E. Academy registration.

## ELIGIBILITY

1. Chief Executive Officer and Staff are eligible.
2. Applicant must be employed in the chamber profession *and* a member of CCCE in Good Standing.
3. Scholarships will be used for Spring CCCE conference registration. If registration fee exceeds scholarship award the winner is responsible for the remaining cost.
4. Applicant may receive a scholarship only once during a twelve-month period.
5. Application must be submitted on this form provided by CCCE. Incomplete applications will not be considered. Applications received after the deadline date will not be considered.

## SELECTION

After a thorough review of all applications, the CCCE Board of Directors shall select the scholarship recipients. The board's decision will be final. Announcement of scholarship winner(s) will be made by May 3, 2017.

## APPLICATION

Application is hereby made for a tuition scholarship to either US Chamber Institute or W.A.C.E. Academy program. It is understood by the applicant that the scholarship is a reimbursement toward his/her pre-paid tuition fee.

Name \_\_\_\_\_ Years in present position \_\_\_\_\_  
Chamber \_\_\_\_\_ Years in Chamber profession \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Fax # \_\_\_\_\_  
Current Position \_\_\_\_\_ # of Employees \_\_\_\_\_

Have you received a CCCE Institute or Academy scholarship in the past five years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, when and what for? \_\_\_\_\_

List any other organizations in which you or your chamber is a member: (i.e. ACCE, US Chamber, etc.)  
\_\_\_\_\_

Chamber's Annual Income \$ \_\_\_\_\_ Dues Income \$ \_\_\_\_\_ Number of Members \_\_\_\_\_

## ELIGIBILITY REQUIREMENTS

Please list three (3) career goals you hope to achieve by attending Institute or Academy. (Attach a separate sheet of paper to this application)

## REFERENCES (Required)

Please provide one (2) letters of reference from either Board members, volunteer's or CEO.

For CEO or Board Chairman: If applicant is selected, will the organization assist with expenses not covered through the scholarship? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Signature of CEO or Board Chairman

**DEADLINE: April 21, 2017-** Applications must be received by 5 pm. **No exceptions.**

**Send application to:** Heidi Peterson, Executive Director, CCCE, PO Box 757, Laramie, WY 82073 or email to [ccce@outlook.com](mailto:ccce@outlook.com)