



**PA Association of Agriculture Educators
Member Professional Development Scholarship Application**

Date of application: _____

Application Deadline: Applications will be reviewed in September, December, March and May of each fiscal year.

Submit via email to: Nicholas P, Isenberg, PAAE Executive Secretary
(nisenberg@paaeteachers.org)

Award Amounts

4- \$500

4- \$1000

1- \$1500

Applicants must have submitted current PAAE dues by September 30th to be considered.
(Completed application not to exceed 4 typed pages)

Full Name: _____ Phone: _____

Email address(es): _____

Home Address: _____

Home Phone: _____

School Address: _____

School Phone: _____

Years PAAE Member: _____ Current PAAE Dues Paid: _____ Yes _____ No

NAAE membership: Yes: _____ No _____

Employment Status:

Years teaching: _____

Current employer: _____

Principal: _____ Phone: _____

Leadership positions held within PAAE:

Year	Position	Most Accomplished Task

Leadership positions held outside of PAAE

Year	Organization	Position	Most accomplished task

Other information important to this application

Event Description:

Complete the information below about the event you would like to attend.

Name of Event: _____

Date of Event: _____

Location of Event: _____

Trip Expenses:

a. Cost of event: _____

b. Cost of housing: _____

c. Cost of travel: _____

d. Cost of meals: _____

Briefly explain how attending the event listed above will help you develop professionally.

Explain how you will use the information to encourage other PAAE members to participate in the organization and the event.

Selection Process

If selected for a scholarship, I understand the following:

- ✓ My peers believe that I represent PAAE and encourage membership and participation in member services.
- ✓ I must pay for the event in full, attend and then submit receipt{s} within 60 days of attending for reimbursement for the award price.
- ✓ I will follow the PAAE Code of Conduct.
- ✓ I will proudly wear my PAAE attire so others recognize my home organization.

The scholarship application will be reviewed by Members Services Committee, and the current President-Elect/President/Past-President. No committee member shall review his/her personal application.

Member signature

Date

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Committee Decision:

Approved _____

Amount of approval: _____

Not Approved _____

** Reason for not approving:

Committee Signature

Date

A copy of this application will be returned to applicant. Any questions should be directed to the person signing this application.