

TOTEM ASSOCIATION OF EDUCATIONAL SUPPORT PERSONNEL
2019/20 - \$500 Continuing Education Scholarship Application

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE # _____

WORK LOCATION: _____ WORK # _____

Employees may apply for only **one** TOTEM Scholarship per fiscal year. Please fill in the above information so that it is legible. Give a complete mailing address where information can be sent should you be awarded the scholarship. Submit only **one** application per TOTEM member in good standing. To be a member in good standing you must be **current with your TOTEM dues**.

What are your educational/professional growth goals and how will this scholarship enhance those goals?

In which seminar or program of study do you plan to participate?

I understand that:

This scholarship is only for tuition and books at a regionally accredited institution.

This scholarship is for reimbursement of expenses incurred July 1, 2019, through June 30, 2020.

To receive reimbursement, receipts must be submitted with a Request for Payment Form to TOTEM by June 30, 2019.

It is the recipient's responsibility to inform the Scholarship Committee (written or e-mail, no phone calls) on or before October 1, 2019, of their intent to use the scholarship. Failure to do so will result in the scholarship being awarded to an alternate.

Signature of Applicant

Please return your application to:
TOTEM Association of ESP
Scholarship Committee
3310 Arctic Blvd, Suite 200
Anchorage, AK 99503

Applications **MUST** be received in the TOTEM office by 5:00 pm Friday, March 1, 2019.
FAXES ARE NOT ACCEPTABLE

Scholarship recipients will be announced at the 2019 TOTEM Spring Conference