



STATE & LOCAL GOVERNMENT BENEFITS ASSOCIATION

2012 SALGBA Conference Scholarship Program Application

Name: _____ Title: _____

Entity: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

State your goals, purpose and expectations in attending this conference.

How long have you been a SALGBA member? _____

What SALGBA conferences have you attended in the past? _____

What committee would you be willing to serve on this year?

Membership ____ Communication ____ Continuing Education ____
Program ____ Finance ____ Conference ____

Provide a brief statement of financial need.

Please indicate the scholarship you are applying for:

____ Full Scholarship (Up to \$1000 towards conference attendance--\$300 registration fee; \$300 towards airfare and 3 nights hotel stay)

____ Partial Scholarship (Up to \$500 towards conference attendance—specifically registration fee, hotel and/or airfare)

If selected for a 2012 SALGBA Conference scholarship, I commit to attend the conference April 15-18 in San Francisco, CA. I agree to reimburse SALGBA for any expense incurred if I am selected and then cancel attendance.

Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Send completed application no later than February 1, 2012 to:

SALGBA | PO Box 867 | Berea, KY | 40403

Fax: 859-623-8694

Email: tina.bowling@salgba.com