



SCHOLARSHIP APPLICATION FORM
CCEKS FALL CONFERENCE | OCT 17-19, 2021

Name _____

Address _____ City _____

Chamber _____ Title _____

Phone _____ Email _____

Number of staff members _____ Years in chamber work _____ Years in present job _____

Employed as: Full Time _____ Part Time _____

Previous CCEKS Fall Conference Attendance: Yes _____ No _____

Have you ever received a scholarship before? Yes _____ No _____ Year _____

What program was the scholarship for: _____

Chamber membership income\$ _____

Chamber income from other sources\$ _____

Total chamber income\$ _____

Budget for professional development\$ _____

Please attach a copy of your chamber's current board-approved budget. Attached - Yes No

If you do not receive a scholarship, do you plan to attend the Fall Conference? Yes No

Do you currently have a hotel reservation for the Fall Conference? Yes No

Will your chamber pay for remaining expenses related to program attendance? Yes No

Please write and attach a minimum of one paragraph stating how you and your chamber would benefit.

Basic Selection Criteria:

1. Applicant must be employed in chamber profession for at least:
 - A. Three months to be considered for a CCEKS Fall Conference Scholarship
2. Applicant must be **current member in good standing** of CCEKS for 2021.
3. Applicant must demonstrate a sense of professionalism and high level of job performance.
4. Ability and willingness to pay remaining costs of the program of study – **Scholarship covers registration fee only.**
5. Applicant should be chief executive officer or staff who has demonstrated potential for or interest in a career in the chamber management field.
6. Financial need shall be considered providing above criteria are met.

***Requirements for Application:**

1. Complete and submit a scholarship application by the deadline below.
2. Submit a letter from the chamber chief volunteer officer (if applicant is CPE) or from the CPE (if the applicant is other staff) showing a willingness of the chamber to pay remaining expenses related to program attendance.
3. Submit originals via e-mail or mail to ruth@littlefieldmanagement.com

Please return form via email or mail to:

Ruth Littlefield
Chamber of Commerce Executives of Kansas
P.O. Box 1729
Broken Arrow, OK 74013-1729
ruth@littlefieldmanagement.com
(918) 630-6049

DEADLINE: FRIDAY, SEPTEMBER 10, 2021 @ 5:00PM