



**SCHOLARSHIP APPLICATION FORM**  
CCEKS FALL CONFERENCE | OCTOBER 28-30, 2024

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 2024.
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 President/ED) or from the President/ED (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](mailto: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](mailto:ruth@littlefieldmanagement.com)  
(918) 630-6049

**DEADLINE: FRIDAY, SEPTEMBER 13, 2024 @ 5:00PM**