



CCEO Emerging Professional Scholarship Application (rev. 5/23/08)

Purpose: To support & encourage the professional growth of local chambers' staff associates through their attendance of CCEO conferences, workshops and seminars.

Qualifying Criteria: To be considered for a scholarship, you will need to meet the following criteria:

1. You are a current member of CCEO
2. Your chamber's CEO/Exec. Dir. is a current member of CCEO
3. You work in a chamber that has less than 500 members
4. You have not received this scholarship within the past 12 months.
5. You have your CEO's/Executive Director's consent.

Application Deadline: Not less than 60 days prior to the event you are planning to attend.

Submit Application To: CCEO Professional Development & Support Group
c/o BJ Wiberg, President/CEO
230 E. Town St., PO Box 15159, Columbus, OH 43215-0159
Fax: 614.228.6403

Program or Event You Plan to Attend: _____

Location: _____ Date(s): _____

Registration Fee: \$_____

Scholarship Request: (Up to 75% of registration fee, not to exceed \$100) \$_____

Personal Information

Applicant Name: _____ Title: _____

Chamber Name: _____

Chamber Address: _____

City, State, Zip _____

Work Phone # _____ Work Fax # _____

E-mail Address: _____

Have you previously received a CCEO Scholarship? _____ Yes _____ No
If yes, for what and when? _____

Why is it necessary for you to apply for this scholarship?

What is your Chamber's total budget? \$_____ *Please enclose a copy of current budget.*

- I am a current member of CCEO
- Our chamber's CEO/Executive Director is a current member of CCEO
- Our chamber has less than 500 members
- I have not received this scholarship within the past 12 months
- I have my CEO's/Executive Director's support as indicated on page 2 of this application

Certification of Applicant

I understand that this scholarship is designed to be a partnership between CCEO and my Chamber. If granted, it will be in the form of reimbursement for the registration fee paid in advance, provided I attend this event. By receiving this scholarship I or my Chamber will be responsible for all related expenses. I attest that the information hereby submitted is true, accurate and correct.

Signature of applicant

Date

CEO's/Executive Director's Consent

I support this employee's professional growth and consent to his/her attending the event for which this scholarship is requested for the reasons stated below:

Signature of CEO/Executive Director

Date

Print Name

Title

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