

2018 Scholarship Program

DMA West Education Summit

September 26-28, 2018

(educational opportunity)

SCHOLARSHIP APPLICATION

1. Applicant _____
Title _____
DMO/Bureau _____
Address _____
Telephone _____
E-mail _____

2. Number of years in DMO industry ___ yrs. Number of years with current DMO ___ yrs.

3. Brief job description (primary responsibilities)

4. Have you attended other Association educational programs? Yes ___ No ___
If yes, please specify event and year.

5. How will attending the DMA West Education Summit benefit **you** in your current DMO position?

6. How will this program benefit **your organization**?

7. Will other staff members from your bureau be attending the fall DMA West Education Summit?
Yes ___ No ___ If yes, please list names: _____

▶ Application deadline: **July 25, 2018**. I understand the basis for the scholarship is financial need.
I certify the above is true and correct and I agree to the conditions as outlined.

Applicant signature _____

CEO/Executive Director signature _____

Date _____

Date _____

Send completed application by **July 25, 2018**, to:

DMA West Education and Research Foundation, 950 Glenn Drive, Suite 150, Folsom, CA 95630
Telephone (916) 443-9012 • Fax (916) 932-2209 • info@dmawest.org • Tax I.D. #68-0486847