

# Maryland Association of Chamber of Commerce Executives

## Scholarship Application Form 2017

(Please type or print)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Is your employer a MACCE member? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you attended a MACCE meeting in the past 12 months? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Has your CEO attended a MACCE meeting in the past year? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you received a MACCE Scholarship previously? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If **Yes**, please provide details on years and specific programs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2017 program for which funding is sought: \_\_\_\_\_

Organization that hosts the program: \_\_\_\_\_

Dates of the program: \_\_\_\_\_

Program *tuition* for 2017: \_\_\_\_\_

Estimated *total program expenses*: \$\_\_\_\_\_

For how many years have you attended this program? \_\_\_\_\_

Are you applying for a scholarship from another source? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If so, identify the source: \_\_\_\_\_

If so, identify the amount of funds sought or received: \$\_\_\_\_\_

If you aren't awarded this scholarship, will you attend this program this year?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If not, why? \_\_\_\_\_

This completed application form must be accompanied by all of the information described in the material included with this form. If you received this form without accompanying instructions, you are responsible for requesting it from the Scholarship Committee Chair Melanie Pursel at 410-213-0144 or [melanie@oceancity.org](mailto:melanie@oceancity.org).

**Applications submitted without all required documents may be rejected.** The class must be attended in the year the scholarship is awarded and the funds requested and paid in that fiscal year. Deadline for submission of this application and all materials is **Friday, February 24, 2017.**