



## Conference Scholarship Application

The Scholarship/Fellowship Committee offers a Conference Scholarship to two attendees for each the Spring Institute and the Fall Conference. If you are not currently a member of the GFOAT and are awarded a scholarship, the Scholarship/Fellowship Committee will also provide a one-year membership to the GFOAT. In order to be considered, you must complete the following application and include the information listed below.

### Checklist

- Completed and signed scholarship application (pages 2-5 of this document)
- An approval letter provided by your supervisor (page 6 of this document)
- Organizational chart of your employer
- Analysis of your department's travel budget for the current fiscal year (documenting need for assistance)
- Resume attached (optional)

Once all applications are received, they will go through a review by all of the members of the Scholarship/Fellowship Committee to determine the Conference Scholarship recipient(s). Timeframes are as follows:

- GFOAT Spring Institute
  - Due February 1, Recipients notified by February 15
- GFOAT Fall Conference
  - Due October 1, Recipients notified by October 15

Please submit completed Conference Scholarship applications or questions to email to:

Email (preferred):

Stormy Johnson: [sjohnson@celina-tx.gov](mailto:sjohnson@celina-tx.gov)  
Robin Bromiley: [rbromiley@celina-tx.gov](mailto:rbromiley@celina-tx.gov)

## Conference Scholarship Application

**I. Personal Information**

Name \_\_\_\_\_ Email \_\_\_\_\_

Work Tele \_\_\_\_\_ Fax \_\_\_\_\_

Employer \_\_\_\_\_ Dept. \_\_\_\_\_

**II. Work Experience (a resume may also be attached but this must be completed)**

Mo/Yr-Mo/Yr	Employer	City	Title		Duties
_____	_____	_____	_____	Supervisory <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many employees are/were supervised? <input style="width: 40px; height: 20px;" type="text"/>	
_____	_____	_____	_____	Supervisory <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many employees are/were supervised? <input style="width: 40px; height: 20px;" type="text"/>	
_____	_____	_____	_____	Supervisory <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many employees are/were supervised? <input style="width: 40px; height: 20px;" type="text"/>	
_____	_____	_____	_____	Supervisory <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many employees are/were supervised? <input style="width: 40px; height: 20px;" type="text"/>	



## Conference Scholarship Application

Applicant Name: \_\_\_\_\_

### III. Recognition and Honors

School/Academic Honors: \_\_\_\_\_

Community/Voluntary Activities: \_\_\_\_\_

Professional/Other: \_\_\_\_\_

### IV. Other Please answer the following questions:

How did you find out about this scholarship?

GFOAT Website

School Website

Past Recipient

Co-Worker

Teacher/Instructor

Employer

GFOAT Email

Other

\_\_\_\_\_

Have you applied for a GFOAT scholarship/fellowship before? Yes      No

If yes, when \_\_\_\_\_ Name of Scholarship \_\_\_\_\_

Are you a previous GFOAT scholarship/fellowship recipient? Yes      No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Conference Scholarship Application

Applicant Name: \_\_\_\_\_

### Transmittal Letter

Please explain your career goals.

Describe how your current duties will benefit by attending this conference.

Explain the importance of this scholarship in making the educational opportunity available.



## Conference Scholarship Application

Applicant Name: \_\_\_\_\_

Explain why you believe you should be considered for this scholarship.



## Conference Scholarship Application

### Supervisory Approval Letter

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Event/Location/Date

GFOAT Spring Institute  
GFOAT Fall Conference

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### (To be completed by supervisor)

Supervisor Name: \_\_\_\_\_ (printed) Title: \_\_\_\_\_

Please explain how applicant may benefit by attending this conference:

Approved to attend: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_