

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.

<u>Checklist</u>
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):
scholarship@gfoat.org



I. <u>Personal Information</u>	
Name	Email
Work Tele	Fax
Employer	Dept
II. Work Experience (a resume may also be a	attached but this must be completed)
Mo/Yr-Mo/Yr Employer City Title	e Duties
Supervisory Yes No If yes, how many employees are/were supervised]?
Supervisory Yes No If yes, how many employees are/were supervised	1?
Supervisory Yes No If yes, how many employees are/were supervised	1?
Supervisory Yes No If yes, how many employees are/were supervised	



Applicant Name:				
III.	Recognition	n and Honors		
School	/Academic H	onors:		
Comm	Community/Voluntary Activities:			
Profes	sional/Other			
IV.	<u>Other</u>	Please answer the following questions:		
GFOAT Schoo Past F Co-Wo	F Website I Website Recipient rker er/Instructor	ut about this scholarship?		
Have you applied for a GFOAT scholarship/fellowship before? Yes No No Name of Scholarship				
Are yo	u a previous	GFOAT scholarship/fellowship recipient? Yes No No		
Signat	ure:	Date:		



Applicant Nam	e:
	Transmittal Letter
Please exp	lain your career goals.
Describe h	ow your current duties will benefit by attending this conference.
	,
Evalaia +ba	importance of this scholarship in making the advectional apportunity available
Ехріані ше	e importance of this scholarship in making the educational opportunity available.



Applicant Name: _		
_		
Explain why you he	plieve you should be considered for this scholarshin	



Supervisory Approval Letter Applicant Name: Applicant Signature: ______Date: _____ **Event/Location/Date GFOAT Spring Institute GFOAT Fall Conference** (To be completed by supervisor) Supervisor Name:_____ (printed) Title: _____ Please explain how applicant may benefit by attending this conference: Approved to attend: Yes _____ No ____

Date: _____