

# APPLICATION for CACMLE SCHOLARSHIP – Page 1

Please feel free to use the back of this form or another sheet of paper to expand on your responses. Please return completed forms to CACMLE: 6825 E. Tennessee Ave, Ste 111, Denver, CO 80224. Fax (303) 321-9231.

**Note:** If you are requesting financial assistance for a date specific meeting/seminar, please be informed that the deadline for submitting your request is one month before the first day of the meeting. We recommend that you submit it sooner.

\_\_\_\_\_  
**Date** (Month / Day / Year)

\_\_\_\_\_  
**Purpose of Application** (Course ID# / Title / Date of Course (If workshop or seminar))

\_\_\_\_\_  
**Name** (Last, First Middle)

\_\_\_\_\_  
**Home Address** (Complete Street Address, City, State Postal Code)

(\_\_\_\_\_)\_\_\_\_\_

(\_\_\_\_\_)\_\_\_\_\_

**Home Phone**

**Home e-mail**

\_\_\_\_\_  
**Work Address** (Complete Street Address, City, State Postal Code)

(\_\_\_\_\_)\_\_\_\_\_

(\_\_\_\_\_)\_\_\_\_\_

**Work Phone**

**Work e-mail**

## Demonstration of Need:

Please list all avenues of funding and amounts available to you, including employer support, educational aid, or grants.

**SOURCE**

**AMOUNT OF AWARD**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list all funding that have already been approved for your use on this meeting, seminar, or educational product.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list all estimated expenses (including travel and lodging if requesting assistance to attend a meeting or seminar).

**ITEM**

**ESTIMATED EXPENSE**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



