



The Robert L. Vodraska **NACM** **Scholarship Foundation**

Scholarship Application

Please complete all sections of this application to be considered for a scholarship. Please print or type. Applications must be mailed to the NACM Connect Headquarters office at 3005 Tollyview Drive, Rolling Meadows, IL 60008 or emailed as an attachment to lillian.novak@nacmconnect.org between January 1 and March 1. Applications must be dated on or before March 1, for consideration of scholarships for the fiscal year commencing April 1. An online scholarship application can be accessed at www.nacmconnect.org. Applications are encouraged from members who do not have available to them employer-sponsored reimbursement programs.

Contact Information

Name:
Title:
Company:
Mailing Address:
Phone:
E-mail:

Reason or Need for Scholarship

Please indicate your specific intended use for the scholarship funds if they are awarded to you:			
<input type="checkbox"/> Regional Credit Conference	<input type="checkbox"/> Credit 101	<input type="checkbox"/> Business Credit Principles	<input type="checkbox"/> Business Law
<input type="checkbox"/> Seminars	<input type="checkbox"/> Credit 102	<input type="checkbox"/> Basic Financial Accounting	<input type="checkbox"/> Credit Law
<input type="checkbox"/> Webinars	<input type="checkbox"/> Credit 103	<input type="checkbox"/> Financial Statement Analysis I	<input type="checkbox"/> Review Classes/Testing Fees
Explain how a scholarship will help you achieve your academic and/or career goals.			
Does your employer pay for education?			
<input type="checkbox"/> Partial <input type="checkbox"/> Full <input type="checkbox"/> No			
Have you ever attended or completed the event/selection for which you are requesting a scholarship?			

Are you currently working in the credit industry? If so, how long? _____

Education

Name of College or University	Number of years completed	Degree earned
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Candidate may attach additional pages if needed.

Courses

Courses (not part of your degree above) and seminars completed within the last two years:		
Course Title	Course Sponsor or Institution	Date Completed (mm/dd/yy)

Professional Designations:

CBA
 CBF
 CCRA
 CCE
 CICP
 ICCE
 Other

Please list the other designations: _____

NACM Involvement

Please contact Lillian Novak at lillian.novak@nacmconnect.org or call 800-935-6226, ext. 6478 for a transcript request on past NACM Connect events and classes attended.

Name of NACM affiliate in which you/your company hold primary membership:		
Other NACM family of organizations memberships, including credit groups:		
Number of years as an NACM member:		
NACM involvement in the past five years: Include information about service on an NACM committee, task force or Board of Directors (NACM includes NACM-National, FCIB, CFDD National, NACM Affiliates and CFDD Chapters.) Be sure to provide date information (for example, May 2014 – June 2016) when listing terms of service. Also include information about participation in NACM sponsored conferences and programs.		
Local Involvement	Regional Involvement	National Involvement

We reserve the right to interview applicants. I, _____, attest to the validity of the information within this application to the best of my knowledge. False or misleading information or statements are grounds for disqualification from the scholarship process and ineligibility in the program indefinitely.

Applicant's name (representing signature) _____ Date _____

Terms and conditions:

- Scholarships can be used for NACM Connect sponsored class or seminar fees, Credit Conference, Annual Meeting, fees for credit certification testing, and the NACM Connect Institute of Credit certification review classes.
- Applicant must complete class and pass with a minimum grade of "C" or reimburse the Scholarship Foundation for course fees.
- Course must be successfully completed within one year or less from date of award.
- Applications will be reviewed and awarded by the NACM Connect Scholarship Committee.



Candidate may attach additional pages if needed.