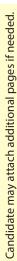


SCHOLARSHIP APPLICATION

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 Tollview 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			
Mailing Address		City	State	Zip	
Phone:		Email:			
Reason or Need for Schola	arship				
Please indicate your intended use	for the scholarship t	funds if they are awarded to you. Please k	pe very specific:		
☐ Regional Credit Conference ☐ Seminars ☐ Webinars	☐ Credit 101☐ Credit 102☐ Credit 103☐	☐ Business Credit Principles☐ Basic Financial Accounting☐ Financial Statement Analysis I	☐ Business Law☐ Credit Law☐ Review Classes/1	Festing Fees	
Explain how a scholarship will h	nelp you achieve yo	ur academic and/or career goals.			
r					
Does your employer pay for edu					
□ Partial □ Full □ No					
Have you ever attended or completed the event/selection for which you are requesting a scholarship?					
	19.5 1 2 16	1 1 2			
Are you currently working in the c	credit industry? If so	, how long?			
Education					
Name of College or University		Number of	years completed	Degree earned	
Name of College or University		Number of	years completed	Dograd carned	







Courses	Courses				
Courses (not part of your degree al	ove) 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 other designations:					
NACM Involvement					
Please contact Janet Raap at janet.raa	p@nacmconnect.org 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 r	nemberships, including credit groups:				
Nila a a fa a NIA CNA a la	_				
Number of years as an NACM member	r:				
NACM involvement in the past five					
	an NACM committee, task force or Board of Directors (NACM Be sure to provide date information (for example, May 2014				
	ipation in NACM sponsored conferences and programs.	Julie 2010, When isting terms of service.			
Local Involvement	Regional Involvement	National Involvement			
We reserve the right to interview app	icants. I	, attest to the validity of the			
	the best of my knowledge. False or misleading information	or statements are grounds for disqualification			
from the scholarship process and inel	igionity in the program indentificery.				
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. Scholarships are not valid for Credit Congress.
- 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.
- 4. Applications will be reviewed and awarded by the NACM Connect Scholarship Committee.