



The Robert L. Vodraska 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 Gateway Region Headquarters office at 305 Tollview Drive, Rolling Meadows, IL 60008 or e-mailed as an attachment to lillian@nacmconnect.org between January 1, 2012 and March 1, 2012. Applications must be dated on or before March 1, 2012, for consideration of scholarships for the fiscal year commencing April 1, 2012.

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"/> Credit Conference	<input type="checkbox"/> CAP/ACAP Classes	<input type="checkbox"/> Seminars	<input type="checkbox"/> Review Classes/Testing Fees
<input type="checkbox"/> Credit 101	<input type="checkbox"/> Credit 102	<input type="checkbox"/> Credit 103	
Explain how a scholarship will help you achieve your academic and/or career goals.			
Does your employer support your attendance at educational events?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Have you ever attended or completed the event/selection for which you are requesting a scholarship?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No		

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.

Professional Designations:

CBA CBF CCE CICIP Other

Please list the other designations: _____

Courses (not part of your degree above) and seminars completed within the last two years: _____ Number of Years Completed: _____

Degree granted: _____

NACM Involvement

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

Name of NACM affiliate in which you/your company hold membership:

Other NACM family of organizations memberships:

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 2004 – June 2006) when listing terms of service. Also include information about participation in NACM sponsored conferences and programs.

Local Involvement	Regional Involvement	National Involvement

If awarded a scholarship, would you be willing to write a brief statement or article for possible publication on this experience and its benefits? Yes No

May we ask your supervisor/ manager to comment on any positive company reaction at your receiving a scholarship? Yes No

If yes, please provide their name and e-mail address:

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 Gateway Region sponsored class or seminar fees, Credit Conference, Annual Meeting, fees for credit certification testing, and the Midwest School 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.
- Applicant is eligible for one scholarship per calendar year.
- Applications will be reviewed and awarded by the NACM Midwest Scholarship Committee.