



# Professional Development Grant Application

Please type or print the following information. Duplicate form to apply for multiple events. Grants will be awarded on the basis of need, potential, and involvement in the credit union movement and community.

## Type of Scholarship Needed

- CUAO Educational Event
- Western CUNA Management School
- Certification Programs (STAR/VAP/MERIT/VLP/MHCC/CCUE/DE)
- Other (Specify) \_\_\_\_\_

Title of Course & Date of Program \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_ Cost of Event \$ \_\_\_\_\_

Name \_\_\_\_\_

Credit Union \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Credit Union Assets \$ \_\_\_\_\_ Number of CU Employees \_\_\_\_\_

Current position at CU \_\_\_\_\_

Other Credit Union Positions Held (Internally/Chapter/Association): \_\_\_\_\_

Total Length of Credit Union Service \_\_\_\_\_

Indicate level of education attained:  High School Diploma  Associate Degree or Equivalent  
 Undergraduate Degree  Graduate Degree  CCUE Designation

Have you applied for assistance from the Oregon Credit Union Foundation previously?  Yes  No  
If yes, specify year & assistance provided \_\_\_\_\_

If you are not awarded grant money, will you still attend?  Yes  No

List alternative funding or scholarship sources and estimate amount of assistance (local CU, Chapter, CUNA, etc.) \_\_\_\_\_  
\_\_\_\_\_

Will you lose wages while attending this event?  Yes  No

Will you be required to use vacation/personal days while attending this event?  Yes  No

Please provide the Grants Committee with the reasons you require funding for this conference/workshop: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain how this educational program will help you and your credit union: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tell us about your involvement in the Credit Union Movement and community: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

I recommend and endorse the above named applicant. If he or she receives this grant, the credit union and board of directors will support the applicant's utilization of the grant and participation.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 *President/Manager/CEO*     *Chairman (if applicant is President/Manager/CEO)*

Recipient's credit union will be reimbursed after course/event is successfully completed. (Attach all travel-related receipts/invoices.)

The maximum grant awarded per calendar year is \$1,500 per applicant.

**Mail or Fax Completed Application To:**

Oregon Credit Union Foundation  
PO Box 1900  
Beaverton, OR 97075  
Fax (503) 644-7234

If you have any questions concerning this application, please call (800) 688-6098 x 221 or e-mail [danielleb@cuao.org](mailto:danielleb@cuao.org).

***OCUF Use Only:***

Date App Rec'd \_\_\_\_\_ Date App Approved \_\_\_\_\_

Amount Approved \_\_\_\_\_ Number of Points \_\_\_\_\_