



FOUNDATION USE ONLY:	
Date application received:	
Amount approved:	
Date application approved:	
Notification made on:	

Wisconsin Credit Union Foundation
2019 Professional Development Scholarship Application
CUNA Management School
July 14 - 24, 2019 – Madison, WI

APPLICANT INFORMATION

Name: _____ Title: _____

Credit Union: _____

Credit Union Mailing Address: _____

Phone: _____ Ext. _____ Fax: _____

E-mail: _____

Total Amt. Requested: \$ _____ (maximum amount \$2,000)

1. How many years have you been in the credit union industry either as an employee/volunteer? _____

2. Do you plan to attend this event if you do not receive this professional development award? _____

If no, why not? _____

3. Your credit union’s asset size (As of 12/31): \$ _____

4. Present position with credit union:

- Volunteer
- Employee
- Management
- CEO

Please respond to the following questions and limit your response to no more than 500 words.

6. THIS QUESTION IS MANDATORY – PLEASE ANSWER IN ESSAY FORMAT:

a. Consider your credit union and yourself. Describe how your attendance at this event will benefit:

- You

- Your credit union

Applicant Signature: _____

Title: _____ **Date:** _____

CEO/President or Board Chair Signature: _____

Title: _____ **Date:** _____

NOTE: Anything herein to the contrary notwithstanding, The Foundation reserves the right to require repayment of any scholarship or grant it awards should the credit union in question merge within a year following the date The Foundation Board takes action.

*When completed print, sign and send with attachments to the following address:
Please contact the Foundation with questions about this application form.*

**Wisconsin Credit Union Foundation, Inc.
1 East Main Street, Suite 101
Madison, WI 53703
Fax: 608-250-2606
Email: Foundation@TheLeague.coop
Phone: 608-640-4040 or 800-242-0833**