



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

**Wisconsin Credit Union Foundation  
2019 Professional Development Scholarship Application**

**National Credit Union Foundation Development Education (DE) Program  
September 11 – September 17, 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)
- How many years have you been in the credit union industry either as an employee/volunteer? \_\_\_\_\_
- Do you plan to attend this event if you do not receive this professional development award? \_\_\_ Yes \_\_\_ No  
 If not, why not? \_\_\_\_\_
- Your credit union’s asset size (As of 12/31):
  - Under \$5M
  - \$5M to \$25M
  - \$25M to \$100M
  - \$100M to \$500M
  - Over \$500M
- 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

b. Tell us about your involvement in the credit union movement and community:

- credit union or chapter activities

- leadership positions held

- community involvement/volunteer activities

**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 E. Main Street, Suite 101  
Madison, WI 53072  
Fax: 608-250-2606  
Email: [Foundation@TheLeague.coop](mailto:Foundation@TheLeague.coop)  
Phone: 800-242-0833**