



INDIVIDUAL OR GROUP 2009 FACAA SCHOLARSHIP APPLICATION FORM

(Please type or print answers to #1, 2, 3 on additional pages)

Name _____ Email Address _____

Mailing Address _____ Phone: Home () _____

City _____ State _____ Zip _____ Phone: Office () _____

Present Position _____ Years _____ FACAA Member as of March 15th Yes No

Amount requested from FACAA Foundation \$ _____ Approximate Starting date of Activity _____

Has applicant (all group members) contributed \$100 to FACAA Scholarship Fund before the end of 2008? Yes No

Applications Must Include the Following

1. Describe your plan for this training or activity (sponsoring institution, location, courses dates and tour itinerary).
2. Describe in detail the training/activity justifications and application of knowledge gained for/from this activity, and detailed itinerary. Be sure to emphasize the outcome of this training/activity, how you will use the information in programming.
3. Finances: Using a detailed budget describe how the funds will be spent (i.e. tuition, fees, books, supplies, travel, lodging, meals, etc.)
 - a. Estimated cost of training \$ _____ (attach details)
 - b. Amount received from other sources such as full or part salary, assistantship, expense account, other scholarships, etc. \$ _____

Criteria for Awarding Scholarships (in 2009)

1. Each participant must have contributed at least \$100 to the FACAA Scholarship Fund before the end of 2008. *(If one person within the group has not contributed \$100 it disqualifies the entire group.)*
2. Study or training must start within 12 months and cannot be initiated before application is approved by the Scholarship Selection Committee and the Educational Foundation.
3. Applications will be judged and funded based on completeness, plan for training, how it will be used/applied post training, and availability of funds. Emphasize your role/involvement in the proposed activity.
4. Award is for individual or group professional improvement which may include advanced degrees, graduate credits, tours, seminars, research or other specialized training.
5. Maximum individual or group scholarship is \$500 per year.
6. Scholarship funds will be paid on a reimbursement basis, copies of all receipts must be provided to the FACAA Treasurer for payment. It is the recipient's responsibility to advise the FACAA Scholarship Chair if impending date of educational activity changes.
7. Upon completion of the intended professional improvement activity for which scholarship funds have been awarded, the scholarship recipient must provide a brief report to the FACAA Education Foundation and make a presentation to the membership at the midyear meeting. The report must include a summary of the approved educational activity and documentation that the expenses were spent according to the stated educational objectives of the application. The penalty for misuse of FACAA Scholarship Funds is repayment of the funds to FACAA and prohibition from future FACAA Scholarships. Written report must be made to Scholarship Chair within 30 days after the training is completed.
8. Recipients will be selected by the FACAA Scholarship Selection Committee.
9. Selection for Scholarships shall be made on an objective and nondiscriminatory basis, regardless of race, creed, color, gender, or religion of the applicant.

Send one (1) electronic copy of the application form and attachments to the FACAA Scholarship Committee Chair msweat@ufl.edu by Friday April 17, 2009. Award recipients will be announced during the FACAA Mid-Year Meeting on April 22, 2009.

FOR GROUP APPLICATIONS – All group members must meet criteria, including address, home and office phone, contribution of \$100 to the FACAA Scholarship Fund by the end of 2008. List this on a separate sheet of paper and attach to the scholarship application.

My signature verifies that (I am) (we are) paid up members of the Florida Association of County Agricultural Agents, have read the criteria and any other rules governing scholarship selection, and certifies that this entry meets all the requirements. I further certify that (I am) (we are) not related to any member of the Scholarship Selection Committee, the FACAA officers or Board of directors, FACAA Educational Foundation, and that no member of above committee, Officers, Directors, should derive a private benefit, either directly or indirectly. For electronic submission, type name on appropriate line and place an X in box on that line.

Signature of applicant (or group leader) _____ Date _____