



**MARY FRANCES COOPER CONFERENCE SCHOLARSHIP
APPLICANT INFORMATION**

Name of Applicant: _____
Name of Chapter: _____
Phone: _____
Email: _____
Work Location/Office/Department: _____
Current Position: _____
Current Supervisor: _____
SUPERVISOR SIGNATURE (REQUIRED): _____

SCHOLARSHIP INFORMATION

What do you think would be the most beneficial aspect of being able to attend the KCCD conference?

What are your career goals and how do you think conferences/training will assist you in those goals?

Have you ever attended a professional conference? If so, which ones? How did you benefit from being in attendance?

SIGNATURE

Signature of Applicant: _____ Date: _____

Please submit application to any KCCD Board Member or your Chapter President by July 30. Please note that this award covers registration and three (3) night hotel stay.