



# SFEA Scholarship Application

SFEA Conference

February 19-22, 2017

Lexington, KY

**Scholarship application deadline is December 9, 2016.  
Email application to [sfea@southeastfestivals.org](mailto:sfea@southeastfestivals.org)**

## APPLICANT INFORMATION:

Applicant Name \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please check the option the best describes you:

\_\_\_\_\_ Event Professional \_\_\_\_\_ Event Volunteer \_\_\_\_\_ Full-Time Student \_\_\_\_\_ Other \_\_\_\_\_

Please specify

\_\_\_\_\_ I have not attended a SFEA Conference

\_\_\_\_\_ I have attended a SFEA Conference(s) Date & Location \_\_\_\_\_

\_\_\_\_\_ I have attended Conferences hosted by other organizations \_\_\_\_\_

Please specify

\_\_\_\_\_

If you belong to any professional organizations, please list them here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ORGANIZATION/COMPANY INFORMATION:

Organization/Company Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Website \_\_\_\_\_ Number of Annual Events \_\_\_\_\_

## SCHOOL INFORMATION (If Student):

Name of School/University Attending \_\_\_\_\_

Field of Study/Major \_\_\_\_\_ Anticipated Date of Graduation \_\_\_\_\_

**ADDITIONAL FUNDING:**

Have any scholarships/grants been provided from other resources to attend this conference? \_\_\_\_\_ Yes \_\_\_\_\_ No

If YES:

Please provide amount of additional funding: \_\_\_\_\_ and the source/organization providing the additional funds: \_\_\_\_\_

**FOR ALL APPLICANTS:**

Please answer the following questions on a separate sheet of paper. There are no wrong answers. This will only give the scholarship committee a better understanding of the applicants. Upon completion, please also attach a resume or other information, which best describes/supports your professional experience and/or educational background.

- 1) Describe how attending the SFEA Conference would:
  - a. Benefit you personally
  - b. Benefit your organization/school
  - c. Meet specific needs for your community
- 2) Please explain the financial situation of why this scholarship is needed
- 3) What are your personal goals for the next five years?
- 4) What are your professional/industry goals for the next five years?

I certify that the above is accurate. If I receive a scholarship award, I agree to attend the SFEA Conference to which the award applies and assist with any supporting tasks at the Conference. My name and/or likeness may also be used in promotional materials supporting the SFEA Conference and its scholarship.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ How did you hear about the scholarship? \_\_\_\_\_

**Scholarship Recipients:**

- 1) If a scholarship recipient's financial or professional status changes in such a way as to create a conflict with any of the above requirements, the recipient must notify the SFEA Offices immediately.
- 2) It is the policy of the scholarship committee to publicize and promote the scholarship program by all methods possible, including publication of the names and/or photos of scholarship recipients. By submitting this application (and the potential receipt of an award) you consent to the use of your name and likeness for this purpose.
- 3) Event professionals receiving the scholarship are required to pay \$150 and students \$75 towards the SFEA Conference Registration Fee. This ensures a willingness to participate and attend the conference.
- 4) Transportation, lodging, and optional expenses will be the responsibility of the recipient.
- 5) Scholarship recipients may be asked to volunteer prior to and/or during the conference.

**Questions: Please contact SFEA/Brenda Pierce at [brenda@southeastfestivals.org](mailto:brenda@southeastfestivals.org) or 931-229-0096.**