



International Association of Workforce Professionals



**KARL E. BYBEE EDUCATION FOUNDATION
SUB-CHAPTER APPLICATION FOR GRANT**

NAME OF APPLICANT: _____

NAME OF CHAPTER: _____

ADDRESS: _____

TELEPHONE (HOME): _____ (WORK): _____

AMOUNT OF GRANT REQUESTED: _____

NAME OF TRAINING ORGANIZATION: _____

ADDRESS: _____

TRAINING LOCATION: _____

WHAT ARE THE BENEFITS OF THIS TRAINING COURSE? _____

WILL OTHER CHAPTER FUNDS BE USED WITH THIS GRANT? _____

IF SO, HOW MUCH AND FROM WHAT SOURCE? _____

THE GRANT WILL BE USED FOR: SPEAKER
 TUITION
 MATERIALS
 TRAVEL
 PRINTING
 OTHER (PLEASE EXPLAIN) _____

HAVE YOU APPLIED FOR ANY OTHER FINANCIAL ASSISTANCE? _____

IF SO, WHAT WERE THE RESULTS? _____

PLEASE ATTACH A COPY OF THE PROGRAM DESCRIPTION – MANDATORY

PRINTED NAME OF OFFICER _____

ELECTED POSITION _____

SIGNATURE: _____ DATE _____

(Submit completed application with proof of course completion to Local Chapter President, who will approve and forward to Bybee Board)