

BYBEE BOARD TRUSTEE MEMBERS

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DID YOU REMEMBER TO:

**WRITE YOUR COMPLETE
MAILING ADDRESS?**

**INCLUDE ALL OF THE
NECESSARY
DOCUMENTATION?**

**SIGN THE GRANT
APPLICATION?**

**TELL A FRIEND ABOUT THE
BENEFITS OF BEING A
MEMBER OF IAWP**

**The International
Association of
Workforce
Professionals**

California Chapter

Presents

**Karl E. Bybee
Educational Grant
Program**



GENERAL INFORMATION

Purpose: This program is designed to provide financial assistance to I.A.W.P. members who want to enhance their skills, knowledge, and abilities in the field of employment security.

Eligibility: An applicant must be a member of the California Chapter of IAWP for at least one year.

Awards: BYBEE trustees can approve grant requests up to \$400 or two grants per member, per fiscal year, whichever is less. Any request over that amount must be approved by the Board of Directors, California Chapter, IAWP.

Procedure: Application forms, with required documentation, are completed and submitted by the applicant (member or chapter) to each of the three BYBEE trustees. This is done once the training course has been completed. Two of the three trustees must approve the grant request. In special situations, a BYBEE trustee may give tentative approval of the training course prior to completion. No payments will be made until after the course has been completed and the board has received proper documentation.

Payment: The IAWP California Chapter Treasurer makes payment for an approved educational grant.

Exceptions: Grants may not be used for institutes, conventions, books, or college matriculation purposes. The number of grants available is based on the solvency of the BYBEE Trust Fund.

For more information, contact your local Chapter President.

MEMBER APPLICATION

Name: _____

Name of Sub-Chapter: _____

Member for How Long: _____

Full Mailing Address: _____

Telephone Number:
Home: _____

Business: _____

Amount of Grant Request: _____

Name & Address of Training Organization:

Training Location: _____

Dates of Training: _____

What are the benefits of this training:

This Grant will be used for:

Tuition: _____

Other: _____

Mandatory

Please attach a copy of the program description, proof of completion, and receipt for payment.

Signature: _____

Date: _____

CHAPTER APPLICATION

Name of Sub-Chapter: _____

Name of Chapter Representative: _____

Position: _____

Full Mailing Address: _____

Telephone Number:
Home: _____

Business: _____

Amount of Grant Request: _____

Name and Address of Training Organization:

Training Location: _____

Dates of Training: _____

What are the benefits of this training:

This Grant will be used for: (identify \$ amounts)

Speaker: \$ _____

Materials: \$ _____

Printing: \$ _____

Travel: \$ _____

Other: \$ _____

Mandatory

Please attach a copy of the program description, proof of completion, and receipt for payment.

Signature: _____

Date: _____