

**ST LOUIS CHAPTER OF IFMA
LOCAL CONTINUING EDUCATION GRANT PROGRAM
APPLICATION FORM**

This form is to be completed by the applicant and forwarded with Goals/Need Statement to:

International Facility Management Association
Continuing Education Grant Program
PO Box 515028
St Louis, MO 63151

Closing date for receipt of application: Spring Review – April 15th and Fall Review - October 15th

APPLICANT INFORMATION:

Date: _____ **Review Period:** Spring or Fall
(Please circle one)

Requested Grant Amount: \$ _____

Name: _____

Title: _____

Company: _____

Street Address: _____

City: _____

State: _____ **Zip/Postal Code:** _____

Telephone: _____ **Ext.** _____

Fax: _____

E-mail Address: _____

CONTINUING EDUCATION PROGRAM/COURSE INFORMATION:

Name of Course: _____

Course Sponsor: _____

Is this part of a degree, certificate or designation program? ____ Yes ____ No

If Yes, what program: _____

Date(s) the course will be held: _____

Estimated cost of the course: _____

EMPLOYMENT HISTORY: Please list principal jobs you have held in the past, including military services (most recent first).

Organization	Title or Position	Period Employed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

INVOLVEMENT IN FACILITY MANAGEMENT INDUSTRY ACTIVITIES: Please list facility management organizations or activities the applicant has been involved with (i.e., association involvement, positions held, volunteer work, etc.)

GOALS/NEED STATEMENT: Please remit with this application form a brief letter describing why the applicant needs the continuing education grant and what the applicant hopes to achieve through his/her involvement in continuing education programs.

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CERTIFICATION OF NEED

The local continuing education grant program was established to assist facility professionals and associates whom otherwise would not receive financial support from their employer. Therefore, applicants are asked to certify they are not eligible for financial support from their employer. Applicants who are eligible to receive financial support from their employer for the course/program requested on their application are not eligible for this grant program. The St Louis Chapter of IFMA reserves the right to contact your employer to verify your statement.

I, _____, certify that my current employer,
Name of applicant

_____, will not reimburse me for any
Name of employer or if unemployed write "unemployed"

expenses associated with the course, _____.
Name of course

Please Sign Name

Date

Please Print Name