

# WACVB Education and Research Foundation

## 2010 Scholarship Program

WACVB Annual Meeting • October 13-15, 2010 • Salt Lake City  
(educational opportunity)

### SCHOLARSHIP APPLICATION

1. Applicant \_\_\_\_\_  
Title \_\_\_\_\_  
Bureau \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail \_\_\_\_\_

2. Number of years in the CVB industry \_\_\_ yrs. • Number of years with current CVB \_\_\_ yrs.

3. Brief job description (primary responsibilities)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Have you attended other WACVB educational programs? Yes \_\_\_ No \_\_\_

If yes, please specify event and year.

(e.g., Sales Training Program(s), Tech Summit, Annual Meeting, CEO Forum)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. How will attending the Annual Meeting benefit *you* in your current CVB position?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. How will this program benefit *your Bureau*?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Will other staff members from your bureau be attending this Annual meeting?

Yes \_\_\_ No \_\_\_ If yes, please list names: \_\_\_\_\_

\_\_\_\_\_

► Application deadline: **August 28, 2010**. I understand the basis for the scholarship is financial need. I certify the above is true and correct and I agree to the conditions as outlined.

Applicant signature

Executive Director/CEO signature

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Send completed application by **August 28, 2010**, to:

WACVB Education and Research Foundation, 950 Glenn Drive, Suite 150, Folsom, CA 95630  
Telephone (916) 443-9012 • Fax (916) 932-2209 • Tax I.D. #68-0486847