



# The Robert L. Vodraska Scholarship Foundation

## Scholarship Application

Please complete all sections of this application to be considered for a scholarship. Please print or type. Applications must be mailed to NACM Upstate New York Headquarters office at 3005 Tollview Drive, Rolling Meadows, IL 60008 or e-mailed as an attachment to [lillian@nacmmidwest.org](mailto:lillian@nacmmidwest.org) between January 1, 2010 and March 1, 2010. Applications must be dated on or before March 1, 2010 for consideration of scholarships for the fiscal year commencing April 1, 2010.

### Contact Information

Name
Title
Company
Mailing Address
Phone
E-mail

### Reason or Need for Scholarship

Share your reason or need for the scholarship you are requesting.
Explain how a scholarship will help you achieve your academic and/or career goals.
Does your employer support your attendance at educational events? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever attended or completed the event/selection for which you are requesting a scholarship? <input type="checkbox"/> Yes <input type="checkbox"/> No

Are you currently working in the credit industry? If so, how long? \_\_\_\_\_

### Education

Name of College or University	Number of years completed	Degree earned
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Candidate may attach additional pages if needed.

**Professional Designations Held:**

CBA  CBF  CCE  CICIP  CICE  Other

Please list the other designations: \_\_\_\_\_

Courses (not part of your degree above) and seminars completed within the last two years: \_\_\_\_\_ Number of years completed \_\_\_\_\_

\_\_\_\_\_ Degree granted: \_\_\_\_\_

\_\_\_\_\_

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Please contact Lillian Novak at [lillian@nacmmidwest.org](mailto:lillian@nacmmidwest.org) or 847.483.6478 for a transcript request on past NACM events and classes attended.

## NACM Involvement

Name of NACM Affiliate in which you/your company hold membership: \_\_\_\_\_

Other NACM Family of organizations memberships: \_\_\_\_\_

Number of years as an NACM member: \_\_\_\_\_

NACM involvement in the past 5 years:

Include information about service on an NACM committee, task force or Board of Directors (NACM includes NACM National, FCIB, CFDD National, NACM Affiliates and CFDD Chapters.) Be sure to provide date information (for example May 2004 - June 2006) when listing terms of service. Also include information about participation in NACM sponsored conferences and programs.

Local Involvement:	Regional Involvement:	National Involvement:

If awarded a scholarship, would you be willing to write a brief statement or article for possible publication on this experience and its benefits?  Yes  No

May we ask your supervisor/ manager to comment on any positive company reaction at your receiving a scholarship?  Yes  No

If yes, please provide their name and e-mail address.

We reserve the right to interview applicants. I, \_\_\_\_\_, attest to the validity of the information within this application to the best of my knowledge. False or misleading information or statements are grounds for disqualification from the scholarship process and ineligibility in the program indefinitely.

Applicant's name (representing signature) \_\_\_\_\_ Date \_\_\_\_\_

**Terms and conditions:**

- Scholarships can be used for NACM Upstate New York sponsored class or seminar fees, NACM Upstate New York Credit Conference, NACM Upstate New York Annual Meeting, fees for credit certification testing, and NACM Upstate New York Certification review classes.
- Applicant must complete class and pass with a minimum grade of C or reimburse the Scholarship Foundation for course fees.
- Course must be successfully completed within one year or less from date of award.
- Applicant is eligible for one scholarship per calendar year.
- Applications will be reviewed and awarded by the NACM Midwest Scholarship Committee.