

TOTEM ASSOCIATION OF EDUCATIONAL SUPPORT PERSONNEL
2024/25 \$250 Professional Growth Scholarship Application

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE # _____

WORK LOCATION: _____ WORK # _____

Employees may apply for only **one TOTEM Scholarship** per fiscal year. Please fill in the above information so that it is legible. Give a complete mailing address where information can be sent should you be awarded the scholarship. Submit only **one scholarship** application per TOTEM member in good standing. To be a member in good standing you must **be current with your TOTEM dues**.

What are your educational/professional growth goals and how will this scholarship be incorporated into your future?

In which seminar or program of study do you plan to participate?

I understand that:

This scholarship is only for tuition, software and/or books for professional growth.

This scholarship is for reimbursement of expenses incurred July 1, 2024, through June 30, 2025.

To receive reimbursement, receipts must be submitted with a Request for Payment Form to TOTEM by June 30, 2025.

It is the recipient's responsibility to inform the Scholarship Committee (written or e-mail, no phone calls) on or before October 1, 2024, of their intent to use the scholarship. Failure to do so will result in loss of the scholarship.

Signature of Applicant

Please return your application to:

TOTEM Association of ESP
Scholarship Committee
3310 Arctic Blvd, Suite 200
Anchorage, AK 99503

Applications **MUST** be received in the TOTEM office by 5:00 pm Friday, February 23, 2024.
FAXES AND SCANS ARE NOT ACCEPTABLE.

Scholarship recipients will be notified in March 2024.