

EDUCATION FOUNDATION

Bill McNeill and Bill Krafft Zone 4 Memorial Grant (2024)

First Name:

Last Name:

Fair/Organization:

Preferred Mailing Address:

City:

State/Prov:

Postal:

Day Phone:

Evening Phone:

Preferred E-Mail Address:

INSTRUCTIONS

1. Always refer to the current year's grants rules (separate document).
2. On the following pages do NOT reference your fair's name, your name, your location, etc. The scholarships are judged "blind" – the committee does not know the identity of the applicant.
3. Email your completed application to Lori Hart lhart@fairsandexpos.com. It must be received February 15, 2024

Applicant # _____

Current position with fair/organization:

- | | |
|--|--|
| <input type="checkbox"/> CEO/Manager (paid full time) | <input type="checkbox"/> CEO/Manager (paid part-time <u>or</u> volunteer) |
| <input type="checkbox"/> Staff member (paid full time) | <input type="checkbox"/> Staff member (paid part-time <u>or</u> volunteer) |
| <input type="checkbox"/> Board member | <input type="checkbox"/> Other _____ |

How long have you been in your current position with the fair/organization?

Annual Fair Attendance:

Total Annual Net Revenues for Organization: \$

Is the fair/organization paying all or some portion of the expenses of your participation in attending the Zone 4 meeting?

- No
- Yes If yes: 100% (registration/travel) Registration only Travel only
 Some/Perhaps (limitations) – *please explain*

Please limit your response to the space allotted -- do not make attachments.

Describe how attending the IAFE Zone 4 meeting will benefit you, your organization, and your community.

Applicant # _____

What opportunities, in your current role at your organization, are you able to inspire others with and how do you inspire those groups or individuals?

For Office Use Only

Date Received: ____/____/____ **Valid IAFE Membership?** ____ **Fair Attendance** ____

Applicant # ____