



**PO Box 385  
Grand Haven, MI 49417  
616-842-3176  
[www.awe-lakeshore.org](http://www.awe-lakeshore.org)**

### **AWE CAREER DEVELOPMENT APPLICATION**

AWE accepts applications for career development funds quarterly. Applications are due on the 15<sup>th</sup> of March, June, September and December. Applicants will generally be notified of the Board's decision at the end of the month following their submission. Applicants must have been an AWE member for one year. A member's receipt of funds is limited to \$300 once every other year. Because of the large number of requests, please be aware that not all applications will be accepted, and the allocation of funds will be at the Board's discretion, after a recommendation of the Career Development Committee. Recommendations may be based on business need and contribution to AWE as well as other factors.

If you are eligible to participate, please complete the following application form. Attach information about the education program you wish to attend. The Career Development Committee will review the applications and a recommendation will be submitted to the Board. The organization, institution or company will be paid directly by AWE's financial officer. Monies will not be paid directly to the member. After completion of the program or training, recipients are required to share their new expertise and knowledge to the general membership with an article in the newsletter or at a regular meeting, as requested by the Career Development Committee.

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Business Description: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
e-mail \_\_\_\_\_  
Number of years in AWE \_\_\_\_\_

What is the course / program that you want the scholarship for?

\_\_\_\_\_

What do you hope to gain from the course?

\_\_\_\_\_

How will you present the information gained to the general membership?

\_\_\_\_\_

\_\_\_\_\_

How have you been actively involved in AWE and describe how you have helped AWE's membership?

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Brief description of how the monies will help your business expand?

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**Attach a copy of the event.**

Send completed application to:

President  
Alliance of Women Entrepreneurs-Lakeshore  
P.O. Box 385  
Grand Haven, MI 49417  
(616) 842-3176  
prez@awe-lakeshore.org