



Code Administrators Association of Kentucky



GRANT APPLICATION ICC CONFERENCE/SEMINAR

MEMBER NAME: _____
LAST FIRST MI

TITLE: _____ CAAK MEMBERSHIP #: _____

WORK ADDRESS: _____ NUMBER and STREET

city state zip

WORK PHONE: (_____) _____ FAX: (_____) _____

SEMINAR/CONFERENCE SPONSOR: _____

SEMINAR/CONFERENCE LOCATION: _____ DATES: _____

PERSONAL OBJECTIVES:

Attendance at this seminar/conference will further my professional goals for the following reasons:

Applicant's Signature

Date

CERTIFICATION OF SUPERVISOR: I certify that this municipality will either be unable to support full funding or can support only partial funding in the amount of \$_____ for the above named employee to attend the above referenced training conference/seminar. Baring unforeseen circumstances, the above named employee is authorized to attend the seminar/conference named above.

Title

Signature

Date

Send completed Application to:

E IQ'lko "Dtcpj co
582: 'Chqp'Rrreg
Ngz.kpi vqp.'Ml "'62737