



Code Administrators Association of Kentucky



Application for **CAAK MEMBER AWARD:** **SEMINAR ATTENDANCE GRANT**

AWARD AMOUNT IS \$250

MEMBER NAME: _____ CAAK MEMBER #: _____

Last First MI

WORK ADDRESS: _____

Number & Street City State ZIP

PHONE: (____) _____ E-MAIL ADDRESS: _____

Seminar that you are requesting assistance to attending for this award:

Seminar Name: _____ **Location:** _____ **Provider:** _____

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

Registration cost: \$ _____ Travel cost: \$ _____

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 seminar. Barring unforeseen circumstances, the above named employee is authorized to attend the seminar/conference named above.

Title _____ Signature _____ Date _____

Statement of applicant: In applying for consideration, I am aware that the award is to be applied toward this seminar only as identified and my intention to complete the course. If I fail to attend the seminar, no future award will be eligible, unless specifically approved by the CAAK Board.

I verify that all information submitted is true and correct to the best of my knowledge.

Applicant Name _____ **Applicant signature** _____ **Date** _____