

## Chapter 4 The IAPES Foundation

### Overview

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The IAPES Foundation was established in 1997 and carries a 501(c)(3) tax-exempt, charitable status. It is IAWP's educational development and fund raising branch and may receive tax-deductible grants and contributions from donors, other foundations, IAWP members, and corporate-giving programs.

#### **The Foundation's goals:**

1. Assist in improving service-delivery performance and promote professional standards for associates of workforce programs globally.
2. Encourage problem solving techniques and solutions in the workforce arena.
3. Foster the development of best practices of operation for workforce program functions, stimulating greater uniformity of procedures.
4. Assist in workforce program job placement activities.
5. Encourage networking opportunities and provide a forum of discussion for best practices for persons who work in workforce system programs.
6. Help contribute to the advancement of peace, goodwill, and international understanding through world fellowship among persons working in workforce system programs.
7. Acquire by gift or purchase such real and intangible properties to further the aims and objectives of the corporation. Hold, lease, sell, or convey such property through its board of trustees. Accept, hold, and use gifts and contributions of any nature for the use and benefit of the corporation and its members. Establish scholarships and participate in college/university programs of an educational nature.
8. As officers and a board of trustees, assist in the delivery of the foundation's aims and goals while also supporting the purposes of IAWP, Inc.

*Note: All foundations are expressly prohibited from funding or participating in any effort to influence legislation in any manner. Member donations to support legislative-awareness activities may be made only to the IAWP, Inc.*

### Foundation Governance

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Governed by a 13-member board of trustees, the foundation's volunteer leadership structure complies with the IRS sub-classification 501(c)(3), making it an association-based foundation. The tax code also requires cross representation between the organization's governing boards. Trustees are initially appointed by the IAWP Board of Directors and serve three-year terms. Association officers automatically serve on the foundation board with the exception of the vice-

president. The foundation's board elects its own officers. Committees include Executive, Operations and Strategic Planning.

## **Association Partnerships**

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### **Center for Workforce Learning**

The foundation's Center for Workforce Learning was approved in 1999 as an internal entity to attract donor interest in projects that focus on member education, international outreach, and workforce related programs that serve special populations. These activities require direct coordination with the IAWP chairs for Education, International Development, and Services to Special Clients, who are responsible for project conception, determination, execution, and completion.

The center also houses an enhancement council for the IAWP Workforce Professional Development Program (WPDP) and seeks funds for research and development activities to update the program's resource guides, examinations, and technical enhancements.

The center also provides contract services including fee-for-service projects such as conference assistance and financial support. The center charges a five percent administrative fee for basic services. Pass-through subcontracting for government agencies and other organizations also can be negotiated. Processing fees may vary.

### **Assistance to IAWP Chapters**

The foundation can assist IAWP Chapters in developing plans and determining donors to secure outside funding for local projects. Projects must correspond with the foundation's published objectives. This provides local donors with a tax-deductible incentive to encourage giving of both cash and in-kind services.

#### **In order for chapters to qualify for this assistance, they must:**

- Work well in advance of the scheduled project or activity.
- Identify and submit their project framework, goals, objectives, time-lines, financial requirements, and other documentation to justify the project's need.
- Advise the Foundation of any local donors they have contacted directly or donors they believe would be receptive to the project's objectives.

Projects that involve foundation coordination are also subject to an administrative fee for services. Amounts will vary based on the foundation's actual involvement.

*Note: Because the IAPES Foundation does not carry a group exemption letter, chapters may not transfer or use the Foundation's 501(c)(3) tax status as their own. Donors assisting chapters for specific projects may take advantage of the foundation's tax status only when the foundation serves in a coordination role. Chapters that accept donor money or in-kind services are responsible to ensure such are used exclusively for the purposes agreed to in the donor-foundation arrangement or contract.*

## **Special Initiatives**

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### **International Reserve**

Assisting the development and involvement of non-U.S.A. members and chapters is a hallmark of any international organization. In this growing global economy, the need for international outreach and information exchange in the employment and training arena must be a priority in balancing worldwide labor markets, worker competitiveness and sharing best practices. Your donations ensure that IAWP can help emerging chapters reach their potential by providing materials, services, and exchange strategies that bring everyone closer together.

### **Legislative Reserve**

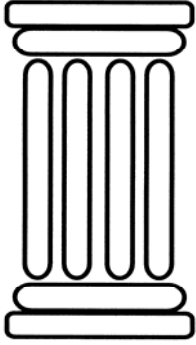
Reserving funds to support special legislative-awareness initiatives, including informational outreach to state and national policy makers, is critical to IAWP's success in demonstrating the system's effectiveness. Your donations ensure that IAWP can respond rapidly and proactively when the system needs support. This fund covers extraordinary expenses incurred by the Legislative Steering Committee when projects, mailings, or travel cannot be offset by normal budgeting.

### **Kari Smith Volunteer Spirit Fellowship**

This fellowship is a dedicated, educational fund to defray transportation and housing costs for members to work in the IAWP administrative office for up to one month. Fellowship recipients must arrange for their absence from work, possibly taking personal leave, and be assigned to a Board of Director approved project that requires access to research or automation facilities at the administrative office. Your donations ensure research, design, and improvement of member services continue.

### **Bequests**

Members may also contribute to the goals of IAWP through a bequest in their will. These funds can be earmarked for a specific initiative or use, or may be considered as a general contribution. This is an excellent way to insure your memory will live on through the work of your professional association.



# Scholarships, Grants, WPDP, and CWS

## Overview

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### Grants to Members and Chapters

The Association sponsors the **Logan S. Chambers Individual Scholarships** and **W. Scott Boyd Group Grants**. The association governs the grant programs and their application criteria, all budgeted and donated funds to support these educational benefits pass through IAWP's budget.

### Grants to Dependents of Members

The IAPES Foundation sponsors the **Freddy L. Jacobs Student Individual Scholarship** for dependents of IAWP full members. IAWP set the application criteria, but all funding is through IAPES Foundation fundraisers.

**The IAPES Foundation's Center for Workforce Learning** houses an enhancement council for the IAWP Workforce Professional Development Program (WPDP) and seeks funds for research and development activities to update the program's resource guides, examinations, and technical enhancements.

## Grant Information

### Freddy L. Jacobs Student Individual Scholarship

**Purpose:** The Freddy L. Jacobs Student Individual Scholarship is designed to provide financial assistance to Dependents of IAWP Full Members who wish to increase their knowledge, skills and abilities in the area of leadership or workforce development, who are pursuing an associate or undergraduate degree or other certification, or who are required to complete an extracurricular educational or training program to obtain a high school diploma.

**Eligibility:** The grant applicant must be Dependent of IAWP Full Members to be eligible. The applicant seeking this scholarship in the status of "dependent" must meet all five dependency tests set forth in the Internal Revenue Code (26 U.S.C. §152, et seq.) and IRS Publication 929 - Tax Rules for Children and Dependents. Those tests are (1) Full member of Household or Relationship Test; (2) Citizen or Resident Test; (3) Joint Return Test; (4) Gross Income Test; and (5) Support Test.

The Dependent may apply for a grant on a yearly basis (January 1-December 31). The Full

Member of the Dependent must be in good standing with IAWP. The IAPES Foundation, Incorporated will administer the scholarship and will determine the yearly eligibility status by the fiscal year in which the actual grant payment is made.

**Awards:** Grants for Dependents will be reviewed on a first come first serve basis throughout the calendar year. Once all the money in the grant account is exhausted, grants will no longer be available.

The maximum grant amounts for Dependents are based on the number of consecutive years of IAWP membership, which may include the current membership year.

Individual	First year =	\$75.00
Full membership	2 - 4 years =	\$150.00
Status	5 or more years =	\$250.00

The total grant award may not exceed the allowable maximum for total instructional purposes, but can be applied toward several courses or seminars **UP TO** the allowable maximum as long as all courses or seminars are completed within the eligible fiscal year. If the Dependent received partial reimbursement from other sources, the Dependent's grant may **NOT** exceed the total instructional cost **LESS** reimbursement amounts from the other sources. The Dependent can receive grants at any time during the fiscal year **OR** until IAPES Foundation depletes the budgeted grant funds. Grant requests **MAY NOT** be:

- A. Covered in whole by direct payment from other sources;
- B. Covered in whole by an IAWP chapter grant;
- C. Financed in whole through other sources directly related to government-type appropriations, such as PELL grants; **OR**
- D. Applied toward student parking or non-course-related fees in an amount exceeding thirty percent (30%) of the grant awarded.

**Course Requirements:** The course must result in completion of credit hours or continuing educational units (CEUs), or certificate of completion, proof of which must be submitted with the Dependent's grant application. Instruction must be provided by an accredited institution (college, university, business school, high school or other educational entity) **OR** by a recognized professional or consulting organization (such as the American Management Association).

**Application Procedures:** The Dependent may obtain grant applications from IAWP chapter presidents or their official designees, the IAWP Administrative Office or the IAPES Foundation. The Dependent must submit a completed application with all appropriate documentation to the IAPES Foundation through the IAWP Administrative Office **NO LATER THAN 90 DAYS** from the course-ending date. The IAPES Foundation will promptly advise the Dependent's chapter

president of the final grant status. Any decision denying an application by the IAPES Foundation shall be final.

**Payment Procedures:** Grant payments are made in two ways: Advance payments to the educational provider, **OR** reimbursement to the Dependent **AFTER** proof of course or seminar completion is submitted. The Dependent may **NOT** receive advance payment for courses or seminars not yet completed and verified. The Dependent must submit proof of course completion (a grade report or copy of a CEU certificate, or other certificate) **WITHIN 90 (ninety) DAYS** of the course-ending date (hereinafter "submission period"). The Dependent may obtain an extension for a period not exceeding thirty (30) days upon a showing of good cause as determined by the IAPES Foundation.

A. Advance Payment Procedure: Submit completed application and required documentation to the IAPES Foundation. Documentation must include the provider's course or seminar description, a breakout of instructional costs, and the provider's complete mailing address to which payment is to be remitted. Once the course has ended, submit proof of course completion.

B. Course Reimbursement Procedure: Submit completed application and required documentation to the IAPES Foundation within the submission period. Documentation must include the educational provider's course description and the **ORIGINAL** receipt from the provider. If another source has partially reimbursed the Dependent and required the original receipt for its records, the Dependent must provide to the IAPES Foundation a **certified copy of the receipt** from the provider's office **AND** the other source's documentation of the costs the source reimbursed to the Dependent. In addition, the Dependent must submit proof of course or seminar completion as a part of the documentation necessary for reimbursement.

C. Consequences of Failure to Submit Required Documentation: If the Dependent fails to complete the course or seminar or submit the appropriate proof of course completion within the submission period, the Dependent shall be required to reimburse the IAPES Foundation for the full grant amount that was awarded no later than thirty (30) days after the submission period has expired. Failure to reimburse the IAPES Foundation for the full grant amount will result in automatic ineligibility of the Dependent for future grants of all types administered and/or awarded by the IAPES Foundation. Failure of the Dependent to submit all required documentation as a part of the Dependent's request for documentation shall result in the denial of the reimbursement request.

# Freddy L. Jacobs Student Individual Scholarship Application

**Applicant:** Complete Items 1-13, send to: IAWP Administrative Office, 1801 Louisville Road, Frankfort, KY 40601.

**Important:** The Administrative Office must receive your application and applicable documentation NO LATER THAN 90 DAYS after the course-ending date. If you are awarded a scholarship, your name may be published in *Workforce Professional* unless you notify IAWP to withhold publication.

**Eligibility:** The applicant must be an dependent of an IAWP full member to be eligible. IAWP will determine the Full member's yearly eligibility status by the fiscal year in which the actual scholarship payment is made.

Applicant Status:  Dependent (Must list member's name & chapter below)

1. Applicant Name: \_\_\_\_\_ Chapter Affiliation: \_\_\_\_\_

IAWP full member name: \_\_\_\_\_

2. Address: \_\_\_\_\_ E-mail \_\_\_\_\_  
Street or PO Box, City, State, Zip

3. Home Phone: ( ) \_\_\_\_\_ Other Phone: ( ) \_\_\_\_\_

4. The year Full Member of dependent began consecutive IAWP membership: \_\_\_\_\_

5. Title of Course: \_\_\_\_\_

6. Total Tuition Costs: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

7. Course-beginning date: \_\_\_\_\_ Course-ending date: \_\_\_\_\_

8. Course results in \_\_\_\_\_ credit hours, or in \_\_\_\_\_ CEUs.

9. Attach a brief explanation of how this course increases your knowledge, skills and abilities in the area of leadership or workforce development, or the type of associate or undergraduate degree or other certification you are pursuing, or how the course work is required to complete an educational training program to obtain a high school diploma.

10. Name/Mailing Address of Course Provider: \_\_\_\_\_

11. Your Social Security Number or Student ID Number: \_\_\_\_\_

12. Select only one of the payment options below and include all documentation listed.

A. Advance Payment to Provider

B. Reimbursement (full or partial)

1. Provider's course description.

1. Provider's course description.

2. Receipt with breakout of instructional costs.

2. Receipt with breakout of instructional costs.

3. Provider's complete mailing address

3. Original or certified receipt from course provider

(see Item 10). Note: You must submit proof of course completion within 90 days of the course-ending date or risk ineligibility for subsequent scholarships.

4. Proof of agency partial reimbursement, if applicable.

5. Proof of course completion (required).

## (For Administrative Office Use Only)

Approved Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Check #: \_\_\_\_\_ Denied Date: \_\_\_\_\_

ID#: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## W. Scott Boyd Group Grant

**Purpose:** The W. Scott Boyd Group Grant is designed to provide financial assistance to IAWP chapters and subchapters, as well as chapters working with their agencies, for the presentation of group educational and training programs.

**Eligibility:** Any IAWP chapter or subchapter may apply. Grants may also be requested for educational and training programs where IAWP is an official cosponsor with the agency.

**Awards:** Grants will be made on a first-come, first-served basis. Multiple grants in various combinations can be awarded per fiscal year as long as the combined total does not exceed the \$1,000 per-chapter ceiling. Grants may be awarded at any time during the fiscal year or until budgeted grant funds are depleted. The grant award may not exceed the allowable maximum for total instructional purposes. The maximum grant amounts are based on the number of IAWP members who participate in the educational or training program. The required member participants may include those currently in their first membership year. Required Member

**Participants & Grant Maximum:** 5 to 9 is \$250.00; 10 to 14 is \$500.00; 15 or more is \$750.00.

**Award Ceiling:** No more than \$1,000 in total grant awards will be made to recipients in any US or eligible non-USA chapter during the same fiscal year. Note: To check W. Scott Boyd funding levels or the available funds that a chapter/subchapter still may be eligible to receive, contact the IAWP Administrative office at 888.898.9960.

**Course Requirements:** The educational or training program must be conducted by a qualified instructor; an accredited institution (college, university, community college or business school); or a recognized professional or consulting organization. Grants cannot be used to fund IAWP institutes or conventions. Grants cannot be used to pay expenses for an agency trainer(s) who provides routine in-service instruction, but they can be used to secure an outside speaker(s) to deliver training as part of an agency's in-service training when IAWP is an officially published cosponsor.

**Application/Payment Procedures:** Grant applications may be obtained from IAWP chapter presidents or their official designees. A completed application with appropriate documentation must be submitted to the chapter (not subchapter) president for initial approval, membership verification and signature. Chapter presidents are responsible for forwarding applications to the IAWP Administrative Office, which must be received in Frankfort, KY, no later than 90 days after the program's completion. The Administrative Office promptly advises the chapter president and, if applicable, the subchapter representative, of the final grants status. (Prompt response depends on expeditious handling of the request by all concerned.) When grants are denied for any reason, the Administrative Office also notifies the IAWP Educational Committee Chair. Chapters or subchapters may appeal Administrative Office grant denials to the chair.

**Grant payments are made only in two ways:** A) Up to 50-percent advances can be made toward the projected expenses or the educational provider's invoice; or B) reimbursements (full or remaining amount) to the chapter, subchapter or provider after program completion.

- A. Up to 50-Percent Advance-Payment Procedure: Submit completed application and required documentation to the chapter president within the appropriate time frame. Documentation must include a written request for the advance, an expense breakout of costs the advance will cover, a summary of the educational or training program's objective, a course description and a preliminary list of attendees with IAWP membership verified.

- B. Reimbursement Procedure: Submit completed application and required documentation to the chapter president within the appropriate time frame. Documentation must include the educational provider's final invoice, a summary of the educational or training program's objective, a course description and a final list of attendees with IAWP membership verified.

*Note for both A and B: If the program is an IAWP-agency cosponsored initiative, a copy of the joint training proposal also must be submitted as part of the required documentation. When payments must be made to the provider, the chapter/subchapter must provide an invoice that includes the provider's complete mailing address. If grant monies are being provided as reimbursements to individual participants, the chapter or subchapter is responsible for distribution.*

**W. Scott Boyd Grant Applicant Checklist**

- Application will be received by the IAWP Administrative Office no later than 90 days after the program's completion.
- Application is submitted by an eligible IAWP chapter or subchapter.
- Membership requirements have been met for the appropriate grant amount requested.
- Total per-chapter grant ceiling has not been met.
- Educational or training program is provided by a qualified instructor; an accredited institution (college, university, community college or business school); or a recognized professional or consulting organization.
- Amount requested is not used: A. For an IAWP institute or convention. B. For routine in-service training provided by an agency trainer(s).
- Required Documentation is included for processing and payment.

For Up to 50-Percent Advance Payment:

- A. Written request for advance.
- B. Expense breakout of costs the advance will cover.
- C. Summary of educational or training program's objective.
- D. Course description.
- E. Preliminary list of attendees with IAWP membership verified.
- F. If applicable, a copy of the chapter-agency joint training proposal.

For Reimbursement (full or remaining amount):

- A. Educational provider's final invoice with complete mailing address.
  - B. Summary of educational or training program's objective.
  - C. Course description.
  - D. Final list of attendees with IAWP membership verified.
  - E. If applicable, a copy of the chapter-agency joint training proposal.
- Application is approved and signed by chapter (not subchapter) president. This signature recommends grant approval and verifies participants' membership status.

## W. Scott Boyd Grant Application

**Applying Chapter/Subchapter:** Complete Items 1-8; sign and send to your chapter (not subchapter) president.  
**Chapter President:** Review application, verify membership status, check documentation, sign Item 9 and forward to the IAWP Administrative Office. Important: The Administrative Office must receive grant applications NO LATER THAN 90 DAYS after the program's completion.

1. Applying Chapter/Subchapter: \_\_\_\_\_ President: \_\_\_\_\_

Address: \_\_\_\_\_  
Street or PO Box, City, State, Zip

Office Phone: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

2. Name of Educational Provider: \_\_\_\_\_

Address: \_\_\_\_\_  
Street or PO Box, City, State, Zip

3. Program Title: \_\_\_\_\_

4. Program beginning date: \_\_\_\_\_ Program ending date: \_\_\_\_\_

5. Total IAWP Members Participating: \_\_\_\_\_ Total Participants: \_\_\_\_\_

6. Total Amount Requested: \_\_\_\_\_ Is 50-Percent Advance Needed? \_\_\_\_\_

7. Send Advance to: ( ) Chapter or Subchapter or ( ) Educational Provider

8. Select only one of the payment options below and include all documentation listed.

A. 50-Percent Advance Payment

1. Written request for advance.
2. Expense breakout of costs advance will cover.
3. Summary of program's objective.
4. Course description.
5. Preliminary list of attendees with IAWP membership verified.
6. If applicable, copy of chapter-agency joint training proposal.

B. Reimbursement (full or remaining)

1. Provider's final invoice.
2. Summary of program's objective.
3. Course description.
4. Final list of attendees with IAWP membership verified.
5. If applicable, copy of chapter-agency joint training proposal.

9. Chapter President's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Administrative Office Use Only

( ) Approved Date: \_\_\_\_\_ Advance \$ \_\_\_\_\_ Check #: \_\_\_\_\_

( ) Denied Date: \_\_\_\_\_ Final Payment \$ \_\_\_\_\_ Check #: \_\_\_\_\_

ID#: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Logan S. Chambers Individual Scholarship

**Purpose:** The Logan S. Chambers Scholarship is designed to provide financial assistance to IAWP full members who wish to increase their knowledge, skills and abilities in a course(s) of study that pertains to employment and training work, or toward a degree program that relates to job performance and/or promotional possibilities.

**Eligibility:** The grant applicant must be an IAWP full member to be eligible. The full member may apply for a grant on a yearly basis (January 1 - December 31). IAWP will determine the full member's yearly eligibility status by the fiscal year in which the actual grant payment is made.

**Awards:** The maximum grant amounts are based on the number of the full member's consecutive years of IAWP full membership, which may include the current full membership year.

### Maximum Grant Award:

<b>Individual</b>	<b>First year</b>	<b>= \$100</b>
<b>Full membership</b>	<b>2 - 4 years</b>	<b>= \$225</b>
<b>Status</b>	<b>5 or more years</b>	<b>= \$350</b>

The total grant award may not exceed the allowable maximum for total instructional purposes, but can be applied toward several courses UP TO the allowable maximum as long as all courses are completed within the eligible fiscal year. If the full member received partial reimbursement by direct employer payment, the full member's grant may NOT exceed the total instructional cost LESS the employer reimbursement amount. The full member can receive grants at any time during the fiscal year OR until IAWP depletes the budgeted grant funds. Grant requests MAY NOT be covered in whole by direct employer payment; covered in whole by an IAWP chapter grant; financed in whole through other sources directly related to government-type appropriations, such as PELL grants; or applied toward books, student parking or non-course-related fees in an amount exceeding twenty percent (20%) of the grant awarded.

**Course Requirements:** Instruction must be provided by an accredited institution (college, university, business school or high school) OR by a recognized professional or consulting organization (such as the American Management Association.) The course may not be a duplication of Employment and Training or Workforce out-service training programs. A description of the class, training or seminar along with who is sponsoring the class, training or seminar, must be submitted with the full member's grant application.

**Application Procedures:** An IAWP full member may obtain grant applications from IAWP chapter presidents or their official designees, or from the IAWP Administrative Office. The full member must submit a completed application with all appropriate documentation to the IAWP Administrative Office NO LATER THAN 90 DAYS from the course-ending date. The Administrative Office will promptly advise the full member and his/her IAWP chapter president of the final grant status. If the Administrative Office has reason to believe a grant application should be denied, the application and the written reason for denying it shall be forwarded to the IAWP Education Development Committee chair for appropriate review and final decision.

Revised and approved January

2005

**Logan S. Chambers Applicant Checklist**

- o Does the course pertain to employment, unemployment, training or related programs, or to a degree program related to your improved job performance and/or promotional possibilities?
- o How many consecutive years of IAWP membership do you have? (Check only one below.)
  - o First year
  - o 2 to 4 years
  - o 5 or more years
- o Will the IAWP Administrative Office receive your grant application/documentation no later than 90 days from the course-ending date?
- o Was the course provided by an accredited institution (college, university, business school, high school) or by a recognized professional or consulting organizations (such as the American Management Association) and is proof attached?
- o Is a description of the class, training or seminar attached?

Amount requested is not:

- A. A duplication of employment, unemployment, training and related out-service training programs;
  - B. Covered, in whole, by direct agency payment;
  - C. Covered, either in whole or in part, by an IAWP chapter grant;
  - D. Financed through other sources directly related to government-type appropriations, such as PELL grants;
  - E. Applied toward books, student parking or non-course-related fees, or
  - F. Conference registration fees.
- o Have you completed and signed the application?
  - o Have you included the required documentation for processing and payment?

For Advance Payment to Provider:

- o A. Provider's course description.
- o B. Receipt with breakout of instructional costs.
- o C. Provider's complete mailing address.

Note: Applicant must submit proof of course completion within 90 days after the course-ending date.

For Applicant Reimbursement (full and partial):

- o A. Provider's course description.
- o B. Provider's breakout of instructional costs.
- o C. Original or certified receipt from the course provider.
- o D. If partial reimbursement is requested, agency documentation must show the amount of the reimbursement made to the applicant.
- o E. Proof of course completion (grade report, copy of CEU certificate or certificate of completion).

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## Logan S. Chambers Scholarship Application

**Applicant:** Complete Items 1-13, send to: IAWP Administrative Office, 1801 Louisville Road, Frankfort, KY 40601. **Important:** The Administrative Office must receive your grant applications and applicable documentation NO LATER THAN 90 DAYS after the course-ending date. If you are awarded a grant, your name will be published in *Workforce Professional* unless you notify IAWP to withhold publication.

**Eligibility:** The grant applicant must be an IAWP full member to be eligible. IAWP will determine the full member's yearly eligibility status by the fiscal year in which the actual grant payment is made.

Member Name: \_\_\_\_\_ Chapter: \_\_\_\_\_

1. Applicant Name: \_\_\_\_\_ Chapter: \_\_\_\_\_

2. Address: \_\_\_\_\_  
Street or PO Box, City, State, Zip

3. Office Phone: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

4. In what year did your consecutive years of IAWP membership began:

5. Title of Course: \_\_\_\_\_

6. Total Tuition Costs: \_\_\_\_\_ Grant Amount Requested: \_\_\_\_\_

7. Course-beginning date: \_\_\_\_\_ Course-ending date: \_\_\_\_\_

8. Course results in \_\_\_\_\_ credit hours, or in \_\_\_\_\_ CEUs.

9. **Attach a brief explanation of how this course relates to your work or your promotional chances.**

10. Name/Mailing Address of Course Provider: \_\_\_\_\_  
\_\_\_\_\_

11. Your Social Security Number or Student ID. Number: \_\_\_\_\_

12. Select only one of the payment options below and include all documentation listed.

A. Advance Payment to Provider

B. Reimbursement (full or partial)

1. Provider's course description.

1. Provider's course description.

2. Receipt with breakout of instructional costs.

2. Receipt with breakout of instructional costs.

3. Provider's complete mailing address (see Item 10).

3. Original or certified receipt from

Note: You must submit proof of course completion

course provider.

within 90 days of the course-ending date or risk

4. Proof of agency partial reimbursement, if

ineligibility for subsequent grants.

applicable.

5. Proof of course completion (required).

13. Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(For Administrative Office Use Only)**

ف Approved Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Check #: \_\_\_\_\_

ف Denied Date: \_\_\_\_\_

ID#: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **IAWP Professional Development Memorial Scholarship Fund**

The Professional Development Memorial Scholarship Fund was initially established from seed money provided by friends and family of Past International President Jim Mulcahey who wanted to honor his memory and assist members in their professional development.

**Purpose:** The IAWP Professional Development Memorial Scholarship Fund is designed to provide financial assistance to IAWP full members who wish to participate in the IAWP Workforce Professional Development Program (WPDP) and/or the IAWP Certified Workforce Specialist (CWS) certification program. The grant awarded will ONLY be used for purchasing WPDP Study Guides, or paying fees for WPDP exams, CWS certification or CWS recertification.

**Eligibility:** The applicant must be an IAWP full member to be eligible. The full member may apply for and receive a grant one time. IAWP will determine the full member's eligibility status by the fiscal year in which the payment is made.

**Awards:** The maximum grant amount per full member is \$50. The full member may receive grants at any time during the fiscal year on a funds available basis. Reimbursement will not be granted for fees paid for by the applicant's employer or chapter.

**Application Procedure:** A full member may obtain grant applications from IAWP chapter presidents or their official designees, from the IAWP Administrative Office, or from the IAWP website at [www.iawponline.org](http://www.iawponline.org). The full member must submit a completed application with appropriate documentation to the IAWP Administrative Office no later than 90 days from the exam date or purchase date. The Administrative Office will promptly advise the member and his/her IAWP chapter president of the final grant status. If the Administrative Office has reason to believe that a grant application should be denied, the application and the written reason for denying it shall be forwarded to the IAWP Education Chair for appropriate review and final decision.

approved June 2009

### **IAWP Professional Development Memorial Scholarship Applicant Checklist**

- o Will the IAWP Administrative Office receive your grant application/documentation no later than 90 days from the exam date or purchase date?
- o Have you completed and signed the application?
- o Have you included the required documentation for processing and payment?

- \_\_\_ Receipt for WPDP Study Guide
- \_\_\_ Receipt for WPDP Exam Fee
- \_\_\_ Receipt for CWS Certification Fee
- \_\_\_ Receipt for CWS Recertification Fee

## IAWP Professional Development Memorial Scholarship Application

**Applicant:** Complete items 1-4 and send to:

IAWP Administrative Office  
1801 Louisville Road  
Frankfort, KY 40601

**Important:** The Administrative Office must receive your grant application and applicable documentation NO LATER THAN 90 DAYS after your exam date or purchase date. If you are awarded a grant, your name will be published in the *Workforce Professional* unless you notify IAWP to withhold publication.

1. Member Name \_\_\_\_\_  
Chapter: \_\_\_\_\_  
Address: \_\_\_\_\_  
*Street or PO Box, City, State, Zip Code*  
Phone: (    ) \_\_\_\_\_ Work: (    ) \_\_\_\_\_
2. Grant Amount Requested: \$ \_\_\_\_\_
3. Documentation included:  
\_\_\_\_ Receipt for WPDP Study Guide  
\_\_\_\_ Receipt for WPDP Exam Fee  
\_\_\_\_ Receipt for CWS Certification Fee  
\_\_\_\_ Receipt for CWS Recertification Fee
4. Applicant Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

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For Administrative Office use only:

Membership Verification: \_\_\_\_\_

Approved on \_\_\_\_\_ for \$ \_\_\_\_\_ Check # \_\_\_\_\_

Denied on \_\_\_\_\_ Reason: \_\_\_\_\_

# WPDP – Workforce Professional Development Program



WPDP is a series of study guides and examinations designed to measure and recognize an individual's knowledge of workforce development programs. Created in 1988, WPDP gives workforce professionals an opportunity to enhance knowledge and career growth. Several State Employment Security Agency training programs have incorporated WPDP and recognize it as a useful tool. Resource guides and exams currently available are Workforce Development Generalist, Employment and Training Systems, Tax and Benefits, and Labor Market Information.

## **Workforce Professional Development Program Guidelines**

*Version 4*

- Your written intent-to-test and corresponding fees must be received in the IAWP Administrative Office by the 15th of the month prior to testing.
- You may test in the months of January, April, July, October, and annually at the International Educational Conference, typically held in June. *Chapters must schedule testing sites by the 1st of the month prior to testing.*
- You may take up to two tests during each testing session.
- You may participate in more than one testing session per testing month.
- You may test in any subchapter, chapter or district offering testing that month.
- You may take the tests in any order. However, you will not receive the “Specialist” or “Master” designation until you have successfully completed the Generalist.
- IAWP will mail your test scores to you by the end of the month following testing. No test scores will be given over the phone.
- A score of 75 is required to pass the 100-multiple-choice-question test.
- You may retest as many times as you desire during your 24-month period for the published retest fee. You need to pay the retest fee *only* if you fail, not if you were unexpectedly absent.
- You have 24 months from your initial testing enrollment to successfully complete *the entire WPDP program*. Regardless of whether you enroll for individual tests or the complete set, you have 24 months to successfully complete all four tests, should the Workforce Development Master designation be your goal. If you wish to test in less than four areas (i.e. if you do not wish to become a Master), you are not required to purchase all four tests.
- If you do not successfully complete the program in 24 months and later wish to continue, you will be required to pay a one-time re-enrollment fee, in addition to the cost of any yet-to-be-purchased exams or retest fees. The re-enrollment fee is the purchase of an additional 24 months — you are buying time. You must still pay exam or retest fees. The re-enrollment fee applies even if you are in a retest status when your 24 months expire.
- IAWP requests that participants use their *home address* for all correspondence, including exam and resource guide purchases. This ensures the confidentiality of test scores.

# Workforce Professional Development Program

Effective June 2004

Version 4.0

<p><b>Individual Exams</b> I wish to test in the following areas:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> History of Workforce Development</li><li><input type="checkbox"/> Business &amp; Job Seeker Specialist</li><li><input type="checkbox"/> Unemployment Insurance Specialist</li><li><input type="checkbox"/> Labor Market Information Specialist</li></ul> <p>\$35 per exam — members. \$55 per exam — non-members.</p> <p><b>Complete Set</b> I wish to test in all four areas:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Complete Set</li></ul> <p>\$125 per set — members. \$200 per set — non-members.</p> <p><b>Individual Resource Guides</b> I wish to purchase guides for the following areas: Quantity: _____</p> <ul style="list-style-type: none"><li><input type="checkbox"/> History of Workforce Development</li><li><input type="checkbox"/> Business &amp; Job Seeker Specialist</li><li><input type="checkbox"/> Unemployment Insurance Specialist</li><li><input type="checkbox"/> Labor Market Information Specialist</li></ul> <p>\$15 per guide.</p> <p>Price Breaks: 16-99 guides \$12.50 per guide 100 or more guides \$10.00 per guide</p> <p><b>Re-enrollment</b> My 24-months has expired, and I need to re-enroll in the WPDP program.</p> <ul style="list-style-type: none"><li><input type="checkbox"/> I need an additional 24 months \$35</li></ul> <p><b>Payment Options</b></p> <p>Total Amount Due: \$ _____</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Check or money order, payable to IAWP, is enclosed</li><li><input type="checkbox"/> VISA <input type="checkbox"/> MasterCard</li></ul> <p>Cardholder's Name: _____</p> <p>Acct. Num.: _____</p> <p>Exp. Date: _____</p> <p>Signature: _____</p> <p>Send this completed application and payment to: IAWP Administrative Office, ATTN: WPDP Enrollments, 1801 Louisville Road, Frankfort, KY 40601 Phone: 502.223.4459 Fax: 502.223.4127 E-mail: <a href="http://www.iawponline.org">www.iawponline.org</a></p> <p><b>Duplicate this Form as Needed</b></p>	<p><b>WPDP Participant/Customer Data</b></p> <p>Date Submitted: _____ SSN: _____</p> <p>Name: _____</p> <p>Home Address: _____</p> <p>Business Phone: _____</p> <p>Home Phone: _____</p> <p>e-mail: _____</p> <p>Agency/Employer: _____</p> <p>Years of Service: _____</p> <p>Chapter Affiliation: _____</p> <p>IAWP Member: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Job Division</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Administrative Support <input type="checkbox"/> Employment Services</li><li><input type="checkbox"/> Transitional Svcs and Tech. <input type="checkbox"/> Worker's Compasation</li><li><input type="checkbox"/> Unemployment Ins. <input type="checkbox"/> Job Training</li><li><input type="checkbox"/> Combined Programs <input type="checkbox"/> Labor Market Information</li><li><input type="checkbox"/> Veterans' Services <input type="checkbox"/> Other _____</li></ul> <p><b>Job Category</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> administrative <input type="checkbox"/> professional-technical</li><li><input type="checkbox"/> clerical/support <input type="checkbox"/> private sector</li><li><input type="checkbox"/> managerial <input type="checkbox"/> supervisory</li><li><input type="checkbox"/> para-professional <input type="checkbox"/> other</li></ul> <p><b>Optional (for statistical and marketing purposes only)</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> White, not Hispanic <input type="checkbox"/> Other _____</li><li><input type="checkbox"/> African American _____</li><li><input type="checkbox"/> Hispanic _____</li><li><input type="checkbox"/> Native American <input type="checkbox"/> Male</li><li><input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Female</li><li><input type="checkbox"/> Biracial Year of Birth: _____</li></ul> <p>Education Level: 12 13 14 15 16 17 18 19 20</p> <p><b>Intent-to-Test or Retest</b></p> <p>Exam Date: _____ Test Site: _____</p> <p>Participant's Name: _____</p> <p>Schedule me for the WPDP examination(s) below. (two-exam maximum per test session) If Retest, check below</p> <ul style="list-style-type: none"><li><input type="checkbox"/> History of Workforce Development</li><li><input type="checkbox"/> Business &amp; Job Seeker Specialist</li><li><input type="checkbox"/> Unemployment Insurance Specialist</li><li><input type="checkbox"/> Labor Market Information Specialist</li></ul> <p>Retest Prices: \$15 per exam — members \$25 per exam — non-member</p> <p>NOTE: Intent-to-test or retest must reach the Administrative Office no later than the 15th of the month pending the testing.</p>
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# **Certified Workforce Specialist (CWS) Application Package**



**Congratulations on your decision to become certified!  
Becoming a Certified Workforce Specialist shows your  
employer and your co-workers your initiative in continuing  
your professional development.  
We wish you luck in your workforce career!**

*The Certified Workforce Specialist (CWS) credential is administered and awarded by the International Association of Workforce Professionals (IAWP). IAWP is a worldwide professional association available to all individuals with a common interest in workforce systems. IAWP equips members for success by providing the highest quality of education, leadership, information exchange, and recognition of excellence through a network of local, regional, and International chapters preparing members for the workforce challenges of tomorrow.*

IAWP  
1801 Louisville Road  
Frankfort, Kentucky 40601  
888-898-9960  
Fax: 502-223-4127  
communications@iawponline.org  
www.iawponline.org

## **REQUIREMENTS TO BECOME A CERTIFIED WORKFORCE SPECIALIST (CWS)**

There are four (4) requirements:

### **1. Education plus Workforce Development Experience:**

- Master's Degree with 2 years current workforce development experience OR
- Bachelor's Degree with 3 years current workforce development experience OR
- Associate's Degree with 4 years current workforce development experience OR
- High School Diploma or GED with 5 years current workforce development experience

*Documentation must be provided in the form of a copy of diploma/degree from an accredited institution and detailed workforce development experience.*

### **2. Professional Membership:**

The applicant must have maintained membership in IAWP for the previous two (2) consecutive years or have similar membership in another workforce development professional association for the same time frame.

*Verification for IAWP membership will be done by IAWP Administrative Office. Other association memberships will require documentation.*

### **3. IAWP Workforce Professional Development Program (WPDP):**

Applicants must pass all four (4) WPDP competencies (History of Workforce Development, Business & Jobseeker Specialist, Unemployment Insurance Specialist, and Labor Market Information Specialist).

The WPDP is currently available in a hardcopy version, but an electronic/online version is being planned.

### **4. Professional References:**

The applicant must submit two (2) letters of reference: one from an immediate supervisor, and one from another person within the workforce profession that can attest to the individual's experience, knowledge and skills.

## **CERTIFICATION PERIOD**

Certification is valid for three years from time of approval. Every three years thereafter, a re-certification can be applied for as long as the individual can show proof that they are still employed in a workforce development profession, are still a member of a professional association, and provide proof that they have completed at least 100 hours of professional development training since their last certification.

## **APPLICATION PROCESS**

A. Application Form

The official application form must be completed legibly and sent to the IAWP Administrative Office with the required documentation and fees as noted.

B. Time Frame for Review

Applications will be reviewed by the IAWP Review Committee within two (2) months of receipt.

C. Notification/Recognition

Approved applicants will be notified within two (2) weeks of completion of review by way of a certificate and letter of congratulations. Notification by letter will be sent to the applicant's employer, whether an agency administrator or private sector supervisor, and the applicant's immediate supervisor. Please supply the information for who you wish to be notified on the application form. Certified Workforce Specialists will be recognized in the IAWP publication *Workforce Professional* and in the printed program of the IAWP Annual International Educational Conference. Certified Workforce Professionals are encouraged to use the "CWS" designation after their name in professional correspondence. If your application is not accepted, IAWP will provide a written explanation for the non-acceptance and options for correction or resubmission. You may resubmit the application once within six months from the date on the non-acceptance letter without an additional application fee.

## **REVIEW**

Your application will be reviewed by members of the IAWP Educational Development Committee within two months of receipt. You will be notified by mail only whether you were accepted or rejected. The IAWP Administrative Office will not be able to respond to telephone inquiries about your application status.

## **FEES**

A. Certification

The application fee is \$50 and is not refundable. If the application is rejected you can reapply within six (6) months for no additional fee.

B. Re-certification (every 3 years)

The reapplication fee is \$50.

## **FREQUENTLY ASKED QUESTIONS**

### **1. Do all items have to be sent with the application?**

Yes, applications with missing information will be returned to the applicant.

### **2. If I received a certificate from a program, will that count toward my education requirement?**

No, only completed high school/GED, Associate's Degree, Bachelor's Degree, and Graduate Degrees from accredited institutions will be accepted to fulfill the education requirement. Certificate programs may be considered for continuing professional development for recertification.

### **3. Does the work experience have to be related to workforce development?**

Yes, the applicant should be involved in processes or systems that assist or support the workforce (individuals, groups and/or businesses) in preparing for, obtaining, or maintaining employment, including but not limited to one-stops, unemployment, labor market information, business services, veterans, rehabilitation, and WIA.

### **4. Can I request the return of my application materials?**

No, all application materials become the property of IAWP.

### **5. How long is the certification process?**

Applications are reviewed within two months of receipt and applicants are notified of the decision within two weeks of the end of the review.

### **6. Who reviews the applications?**

Members of the IAWP Educational Development Committee.

### **7. What if my application is not accepted?**

You will receive a written reason for the non-acceptance and options to make corrections. You can resubmit once within six (6) months from the date on the non-acceptance letter with no additional application fee.

### **8. How long is the certification valid?**

Three (3) years.

### **9. What do I need to do to recertify?**

You may recertify after three years with verification that you still work in the workforce development field, have accumulated 100 hours of continuing education or training in the workforce field, and pay the \$50 recertification fee.

### **10. What are payment options for the application fee?**

Check (made payable to IAWP) or credit card (Visa or Mastercard only).

## CHECKLIST FOR YOUR CWS APPLICATION

\_\_\_\_\_ FORM: Completed and signed application form

\_\_\_\_\_ EDUCATION: enclose a copy of:

\_\_\_\_\_ HS diploma/GED OR \_\_\_\_\_ College degree/transcript

\_\_\_\_\_ EXPERIENCE: enclose a copy of:

Hire date verification (on application form) OR

Recent performance evaluation

\_\_\_\_\_ PROFESSIONAL MEMBERSHIP:

\_\_\_\_\_ IAWP member for previous two consecutive years (IAWP Administrative Office will verify membership)

\_\_\_\_\_ Other association: Must enclose copy of membership card or other documentation, including join date and current status

\_\_\_\_\_ WPDP: Enclose a copy of certificate(s) for successful completion of WPDP Program

\_\_\_\_\_ PROFESSIONAL REFERENCES: List two professional references detailing required years of work experience. One of the references must be from an immediate supervisor

\_\_\_\_\_ FEE: Enclose payment for certification (\$50)

\_\_\_\_\_ MAIL TO: IAWP

1801 Louisville Road

Frankfort, Kentucky 40601



## CWS APPLICATION FORM

**Title (circle one):** **Dr. Mr. Ms. Mrs.**

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Business Title:** \_\_\_\_\_

**Company/Agency Name:** \_\_\_\_\_

**Company/Agency Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Office email:** \_\_\_\_\_

*(Notices and reminders will be sent to this address unless otherwise requested.)*

**Preferred Mailing Address:** \_\_\_\_\_ **Home** \_\_\_\_\_ **Business**

**Optional information:**

**Home phone:** \_\_\_\_\_ **Home email:** \_\_\_\_\_

**Office Phone:** \_\_\_\_\_ **Office Fax** \_\_\_\_\_

**Education plus Experience (please check one):**

\_\_\_\_\_ Master's Degree with 2 years current workforce development experience OR

\_\_\_\_\_ Bachelor's Degree with 3 years current workforce development experience OR

\_\_\_\_\_ Associate's Degree with 4 years current workforce development experience OR

\_\_\_\_\_ High School Diploma or GED with 5 years current workforce development experience

*Documentation for education must be provided in the form of a copy of diploma/degree from an accredited institution. Documentation for experience can include a recent performance evaluation or verification of your hire date (below).*

Name & Address of school/institution indicated above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Years with current employer: \_\_\_\_\_

Date of hire: \_\_\_\_\_

Supervisor's signature (verifying hire date): \_\_\_\_\_

**Professional Membership:**

The applicant must have maintained membership in IAWP for the previous two (2) consecutive years or have similar membership in another workforce development professional association for the same time frame.

*Verification for IAWP membership will be done by IAWP Administrative Office. Other association memberships will require documentation and verification.*

Association Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Member Number: \_\_\_\_\_

**IAWP Workforce Professional Development Program (WPDP):**

Applicants must pass all four (4) WPDP competencies (History of Workforce Development, Business & Jobseeker Specialist, Unemployment Insurance Specialist, and Labor Market Information Specialist).

Please list dates when all four competencies were received:

*History of Workforce Development* \_\_\_\_\_

(formerly Employment & Training Generalist)

*Business & Jobseeker Specialist* \_\_\_\_\_

(formerly Employment Services Specialist)

*Unemployment Insurance Specialist* \_\_\_\_\_

(formerly Tax & Benefits Specialist)

*Labor Market Information Specialist* \_\_\_\_\_

**Professional References:**

The applicant must submit two (2) signed letters of reference: one from an immediate supervisor, and one from another person within the workforce profession that can attest to the individual’s experience, knowledge and skills.

The letter should include the following items:

- Statement the applicant is working in a workforce development area
- Statement the applicant possesses extended knowledge of workforce issues
- Reason why the applicant should receive the Certified Workforce Specialist designation
- Contact information of the person writing the letter

**Certification Announcement:**

The employer and immediate supervisor you list will be informed when you earn the CWS designation.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_

Company/Agency: \_\_\_\_\_ Company/Agency: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**Certify**

By signing below, I certify the information in this application is accurate, true, and complete to the best of my knowledge. I agree IAWP has the right to contact any person or agency/business to verify this information. I authorize the release of information needed in the verification of information contained in this application to IAWP.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment**

Amount:

\_\_\_\_\_ Certification (\$50)

Payment Method:

\_\_\_\_\_ Check enclosed

\_\_\_\_\_ Charge to Visa or Mastercard

Cardholders Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

Account #: \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_