

W. Scott Boyd Grant Application

Chapter President: Complete Items 1-8; check documentation, sign Item 9, and forward to the IAWP Administrative Office at 3267 Bee Caves Road Suite 107-104, Austin, Texas 78746.

Important: The Administrative Office must receive grant applications NO LATER THAN 90 DAYS after the program's completion.

1. Applying Chapter: _____ 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 Required: _____ Is 50-Percent Advance Needed?: _____

7. Send Advance to: ____ Chapter 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: _____

(Revised February 2013)

This form can be found on the IAWP website www.iawponline.org under the Scholarship tab.