

# DMA West Education and Research Foundation

## 2019 Scholarship Program

**DMA West Education Summit | October 2-4, 2019 | Sacramento, California**  
*(educational opportunity)*

### SCHOLARSHIP APPLICATION

1. Applicant \_\_\_\_\_  
Title \_\_\_\_\_  
DMO/Bureau \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
E-mail \_\_\_\_\_

2. Number of years in DMO industry \_\_\_ yrs.                      Number of years with current DMO \_\_\_ yrs.

3. Brief job description (primary responsibilities)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Have you attended other Association educational programs? Yes \_\_\_ No \_\_\_  
If yes, please specify event and year.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. How will attending the DMA West Education Summit benefit **you** in your current DMO position?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. How will this program benefit **your organization**?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Will other staff members from your bureau be attending the fall DMA West Education Summit?  
Yes \_\_\_ No \_\_\_ If yes, please list names: \_\_\_\_\_  
\_\_\_\_\_

► Application deadline: **August 9, 2019**. I understand the basis for the scholarship is financial need.  
I certify the above is true and correct and I agree to the conditions as outlined.

Applicant signature \_\_\_\_\_  
\_\_\_\_\_

CEO/Executive Director signature \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Send completed application by **August 9, 2019**, to:

**DMA West Education and Research Foundation**, 950 Glenn Drive, Suite 150, Folsom, CA 95630  
Telephone (916) 443-9012 • Fax (916) 932-2209 • info@dmawest.org • Tax I.D. #68-0486847