SCHOLARSHIP APPLICATION

1. Applicant
   Title ____________________________________________
   DMO/CVB _________________________________________
   Address __________________________________________
   City _____________________________________________ State/Province/ZIP _______
   Telephone ___________________________ Fax _______________________
   E-mail __________________________________________

2. Number of years in the DMO industry: ____ yrs.  •  Number of years with current DMO: ____ yrs.

3. Brief job description (primary responsibilities)
   __________________________________________
   __________________________________________
   __________________________________________

4. Have you attended other DMA West educational programs?  Yes ____  No ____
   If yes, please specify event and year.
   __________________________________________
   __________________________________________
   __________________________________________

5. How will attending the Tech Summit benefit you in your current DMO position?
   __________________________________________
   __________________________________________
   __________________________________________

6. How will this Tech Summit program benefit your DMO?
   __________________________________________
   __________________________________________
   __________________________________________

7. Will other staff members from your DMO be attending this Tech Summit?
   Yes ____  No ____  If yes, please list names: __________________________________________
   __________________________________________
   __________________________________________

Application deadline: February 3, 2020. 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 February 3, 2020, 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