

**IAVM Regions 1, 2, 3 & 5 Super Regional Meeting Registration Fee (\$285.00 Value)  
May 19 – 22, 2024 in Fort Wayne, IN**

Three (3) scholarships are being offered and will cover the cost of early bird registration only.

Eligibility: Scholarship applications will be selected according to the following priority of order criteria:

1. IAVM member whose venue (workplace) resides in Region 5.
2. IAVM non-member working at a venue managed by a member whose venue (workplace) resides in Region 5.
3. IAVM member who resides in Region 5, but is not working at a venue whose management are eligible for IAVM membership.

The selected applicants must register for the conference and book their hotel room no later than **Friday, April 5, 2024**. Scholarship recipients must be an active resident in a Region 5 state during the application process and during the meeting for which the scholarship is being offered.

APPLICANT NAME: \_\_\_\_\_

VENUE/COMPANY NAME: \_\_\_\_\_

VENUE/COMPANY ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CURRENT POSITION TITLE: \_\_\_\_\_

ARE YOU A CURRENT IAVM MEMBER (INDIVIDUAL OR GROUP) IN REGION 5? ☐ YES ☐ NO

HAVE YOU APPLIED FOR A REGION 5 SCHOLARSHIP BEFORE? ☐ YES ☐ NO

IF YES, PLEASE STATE WHAT SCHOLARSHIP(S), THE YEAR(S), IF YOU WERE AWARDED IT AND DID YOU ATTEND:

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

Please include the following documents with your completed application and submit them, no later than **Friday, March 8, 2024** via email to [michaelminva@yahoo.com](mailto:michaelminva@yahoo.com).

- A completed, dated and signed Scholarship Application.
- Current Resume
- A one-page typed essay on "Why I would like to be awarded the scholarship?" to include:
  1. Why I would like to attend the 2024 Super Regional Meeting in Fort Wayne, Indiana
  2. A description of your career goals and objectives
  3. A description regarding your need for financial support

All applications submitted via e-mail will receive a response notifying the applicant that their application has been received. Awards and notifications are expected to be made by **Friday, March 22, 2024**.

APPLICANT'S SIGNATURE: A SIGNATURE CERTIFIES THE ACCURACY OF THE INFORMATION PRESENTED IN THIS APPLICATION.

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

SUPERVISOR/MANAGER'S CERTIFICATION: I CERTIFY MY SUPPORT OF THIS SCHOLARSHIP APPLICATION AND I CONFIRM THAT NO FUNDING EXISTS IN OUR VENUES BUDGET TO PAY FOR THE APPLICANT'S REGISTRATION FEE TO ATTEND THIS MEETING.

\_\_\_\_\_  
**SUPERVISOR/MANAGER'S - PRINTED NAME / SIGNATURE**

\_\_\_\_\_  
**DATE**