



# Application for Continuing Education Scholarship Program 2010-2011

Before completing this application, please thoroughly review the CBA Continuing Education Scholarship Guidelines (available at [www.coloradobroadcasters.org](http://www.coloradobroadcasters.org)) and consult with your supervisor or general manager. Please complete all parts of this application and attach all the required documents.

### I. Applicant Information:

Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Station of Employment: \_\_\_\_\_

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

Date of hire at current station: \_\_\_\_\_ Is station a CBA Member?: \_\_\_\_\_

Station Mailing Address: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

### II. Educational Background:

High School: \_\_\_\_\_

College / University: \_\_\_\_\_

Degrees earned (including major): \_\_\_\_\_

Other: \_\_\_\_\_

### III. Employment Record (including internships):

Title/Job

Employer

Dates

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### IV: Professional and Community Activities (not required):

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**V: List of Honors, Awards and Other Notable Recognition (*not required*):**

**VI: With this application, please attach the following:**

a) Description of the course, workshop or program for which the scholarship is sought, including documentation on the cost of the course: \_\_\_\_\_

b) Cost of course or program	\$ _____	
Amount to be contributed by station	\$ _____	
Amount to be contributed by applicant	\$ _____	
Amount sought from CBA	\$ _____	<i>*Maximum of \$500.00</i>
<b>Total</b>	<b>\$ _____</b>	

*\*Please note that the scholarship does not cover the cost of food, lodging, meals and other travel related expenses.\**

c) A brief statement of your professional and continuing educational goals and your qualifications for the CBA Continuing Education Scholarship.

d) Any other special circumstances that might bear on this application.

**The CBA may request additional information in order to make a final determination.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Signature of station general manager, certifying accuracy and completeness of your application**

\_\_\_\_\_  
Signature of Station General Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed or Typed

\_\_\_\_\_  
Title

Applications should be submitted to the CBA office

The Colorado Broadcasters Association

Attn: Marilyn Hogan

Mailing: P.O. Box 2369 • Shipping: 2042 Boreas Pass Rd

Breckenridge, CO 80424.

Fax: 970-547-1384

Email: [cobroadcasters@earthlink.net](mailto:cobroadcasters@earthlink.net)

*\*Scholarships will be considered on a first-come, first basis throughout the CBA fiscal year, which runs from July 1<sup>st</sup> – June 30th.*

*\* CBA-sponsored workshops, which are offered as a CBA Member benefit, are not eligible.*

*\* Applicant's station must be a CBA Member Station.*