



OHIO CREDIT UNION FOUNDATION

PROFESSIONAL/VOLUNTEER DEVELOPMENT GRANT APPLICATION

Professional Development Grants are awarded to individuals on the basis of demonstrated need, potential positive impact on the credit union, and the applicant's past involvement in the Credit Union Movement. In many cases, the grant amount awarded will not exceed the registration fee or tuition amount for the conference or program.

Title of Education Program: \_\_\_\_\_

Sponsor of Program: (e.g. Ohio Credit Union League, Credit Union National Association, Corporate One FCU, Credit Union Executives Society)

Session Date: \_\_\_\_\_ Location \_\_\_\_\_

Purpose of Grant (One Sentence): \_\_\_\_\_

APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_ Title: \_\_\_\_\_

Please check one of the following ( ) Full-time Employee ( ) Part-time Employee ( ) Volunteer Leader

Credit Union: \_\_\_\_\_ Chapter: \_\_\_\_\_

Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Asset Size: \_\_\_\_\_ Number of Members: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Total Length of Credit Union Service and Positions Held: \_\_\_\_\_

Chapter Meetings Attended in past 12 Months: \_\_\_\_\_

Educational Sessions Attended in past 12 Months: \_\_\_\_\_

Have you applied for assistance from the Ohio Credit Union Foundation previously? ( ) Yes ( ) No

If yes, for what purpose and when? \_\_\_\_\_

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## EDUCATIONAL PROGRAM INFORMATION

### Estimated Total Costs

Registration: \$ \_\_\_\_\_ Lodging: \$ \_\_\_\_\_  
Transportation: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_  
Meals: \$ \_\_\_\_\_

**TOTAL Costs:** \$ \_\_\_\_\_

### Credit Union Funding:

*(Dollars your credit union is committing to your attendance of the program)* \$ \_\_\_\_\_

Total Grant Amount Requested: \$ \_\_\_\_\_

### ***Attach a one-page narrative to address the following:***

1. Explain how attending this education program or event will benefit you, your credit union, and your members.
2. Please provide the Grants Committee with the reasons you require funding for this educational conference/workshop.

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I recommend and endorse the above named applicant. If he or she receives this professional development grant, the credit union and board of directors will support the applicant's utilization of the grant.

\_\_\_\_\_  
Signature of President/CEO or Chairman of the Board

\_\_\_\_\_  
Date

### **OCUF Funding Recognition**

Successful applicants must mention the Ohio Credit Union Foundation as having provided grant funding in all press releases, news stories, articles, interviews, and web site references. A suggested credit line is the following: "[Your Credit Union Name] received funding through a grant from the Ohio Credit Union Foundation." Copies of the above materials must be provided to the OCUF.

### ***Return to:***

Ohio Credit Union Foundation, Executive Director, 10 West Broad Street, Suite 1100, Columbus, OH 43215