# Michigan Family Support Council
## 2010 Scholarship Application

**Name** **E-mail Address**

**Agency Employing You** **Hire date**

Job Title

Brief Description of Your Duties

### Contact Information

Address City Zip Phone

Supervisor's Name Phone E-mail Address

Criteria for selection of scholarship winners will be based upon all of the following: The local funding unit has insufficient funds with which to send the applicant to this conference, the completeness and content of the application submitted. Selection will be made by a selection committee and their decision is final.

### Please Respond to the Questions Below
**(Use additional paper in needed – Please Print or Type your answers)**

1. **How long have you been employed by your agency?**

2. **Have you been employed by any other child support agency in the past? If so where, what were the dates and briefly describe your duties.**

3. **Please tell us why you want and need this scholarship. How will it help you in the performance of you job duties?**

4. **How many Michigan Family Support Council training conferences have you attended in the past?**

5. **Have you attended any of the Regional Family Support Council Training Seminar's in the past and if so how many?**

6. **Please give us any additional information or comments you may wish to have the committee consider in making its selection.**

I hereby certify that the information contained in this application is complete to the best of my information and belief. Further, I agree that if awarded a scholarship to attend the Michigan Family Support Council Training Conference that I will attend the entire conference and its sessions, including plenary sessions and workshops. I understand that I will be required to stay on site at Boyne Highlands during the entire conference. I also give my consent to use my name and/or photo in the conference brochure for this conference year.

_____

**Signature of Applicant** **Date**

## Supervisor's Required Approval and Affidavit of Need

I,_____, hereby certify that funding levels within the above applicant' s office is such that not approving a scholarship will prevent this individual from attending the training conference or require the individual to provide the majority of funding from out of their pocket. Further, my affixing my signature to this document certifies that I am giving permission for this individual to attend and partake in the entire training conference should they be awarded a scholarship.

_____

Signature Date

**APPLICATION DUE AUGUST 2, 2010**