



**PROFESSIONAL ENRICHMENT AWARD  
APPLICATION FORM**

Date: \_\_\_\_\_ AAFCS Membership Number: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Fax: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Position(s) held or other contributions to AAFCS/CT: \_\_\_\_\_

Name of Professional Enrichment Program for which applying, including sponsor and a brief description of the program:

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

Date of Program (to qualify, program must be completed between May of current year and May of subsequent year) \_\_\_\_\_

Estimated Cost of Program: \_\_\_\_\_

Amount of money for which applying (awards may be given to one or more persons depending on the amount requested up to \$1000 excluding supplies and transportation):

\_\_\_\_\_

Other reimbursement for which you have applied or received? \_\_\_\_\_

How will this program enrich your professional development? \_\_\_\_\_

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

Signature: \_\_\_\_\_

***All applications must be postmarked by April 15<sup>th</sup>***

For help or information please call **Carole Christensen at 860.563.4038** or e-mail [Clgchris@aol.com](mailto:Clgchris@aol.com)  
Announcement of the award will be made at the AAFCS/CT Spring Meeting. All entries should be sent to:

**Carole Christensen - 394 Wells Rd., Wethersfield, CT 06109**