



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 our professional development? _____

Signature: _____

All applications must be postmarked by April 15th

For help or information please call **Carole Christensen at 860/563-4038** or e-mail Clgchris@aol.com
Announcement of the award will be made in the Summer newsletter and at the AAFCS/CT Spring Meeting. All entries should be sent to:

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