

CPA SCHOLARSHIP FUND APPLICATION

Please provide us with the following information:

COMPANY NAME: _____

APPLICANT NAME: _____

DEADLINES: Spring – March 1st of each calendar year
 Fall – September 1st of each calendar year

Return application to:

Credit Professionals Alliance, Inc.

Attn: Amanda DeBold, Corporate Secretary - adebold@nacskc.com

I the undersigned do hereby agree should I be selected to receive the CPA Scholarship that the following rules established by Credit Professionals Alliance Board of Directors shall apply:

1. Scholarships will be awarded on a bi-annual basis. One in the Spring and in the Fall. Each scholarship will be awarded in the amount of \$500.00. The date, time, and place for the scholarships to be awarded shall be determined by the Credit Professionals Alliance Board of Directors.
2. Applicants company must have a membership with Credit Professionals Alliance and/or NACS Credit Services, Inc.
3. Scholarships will be awarded in the name of the members.
4. Scholarships must be used to offset any local, regional, or national educational activity that is approved by Credit Professionals Alliance.
5. Scholarship funds must be used within (1) year from the date of issue and will not have a redeemable cash value.

Notwithstanding any of the above, the Board of Directors of Credit Professionals Alliance do not warrant or guarantee the quality of any class, seminar, program, or other such activity. In addition, Credit Professionals Alliance will not be liable for travel, meals, lodging, or any other expense incurred related to any class, seminar, program or other such activity that will be held either without or within the Kansas City area.

Where applicable, the laws of the State of Kansas will apply.

APPLICANTS SIGNATURE: _____

EDUCATION PROGRAM: _____ DATE: _____

LOCATION: _____