



Arizona Correctional Educators, Inc



Scholarship/Stipend Application

Please write legibly and answer all of the following questions.

1. Name: _____
2. Mailing Address: _____
3. Phone : Home (____) _____ Work (____) _____
4. Employer's name and address:

5. Please explain the reason you are applying for a stipend or scholarship. Include details about the training event, its location and dates:

6. Total cost of the training: _____ Amount requested from ACE: _____
7. If the above amounts are different, please explain what other source(s) will pay for training:

~If you need more space, please use the back of this sheet

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8. Is this training required by your employer: YES_____ NO_____

If you marked yes, please explain: _____

9. What will be the educational benefit of the training to you AND your organization? _____

10. In return for ACE's assistance, you will be required to write a short article for the ACE newsletter at the conclusion of your training. Please sign and write date on the line below to indicate that you understand and agree to write an article.

Name _____ Date _____

Please send the completed application to:

Ernest Rose

at

ernest.rose@mcrsd.org
