NEW MEXICO RURAL ALLIANCE

Please complete, sign, and fax this form to:
info@clovisedc.com
Fax: 575.763.0395 Phone: 575.763.6600
By March 31st

New Mexico Governors Summit

Who is your NMEDD Regional Rep? _____

SCHOLARSHIP APPLICATION

SECTION 1- Applicant Information

a. Name: _____

b. Business: _____
_____

c. Address: _____
_____
_____

d. Phone #: _____
Fax #: _____
Email: _____

f. Years of experience in association/chamber/econ. development work:
- ☐ None
- ☐ 2 to 4 years
- ☐ Less than 2 years
- ☐ More than 4 years

g. Position:
- ☐ Executive Director/CEO
- ☐ Senior Management
- ☐ Operations Staff
- ☐ Volunteer
- ☐ Other Unpaid Position

SECTION 2-Industry, Community, and Leadership Activities

a. List involvement in industry groups (e.g., state executive's organizations, other U.S. Chamber programs, ACCE, ASAE)

1. _____
2. _____
3. _____

b. List involvement in community and leadership activities (e.g., civic groups, local boards, Institute volunteer role)

1. _____
2. _____
3. _____

SECTION 3-Organization Information

a. Number of employees that participated in the Forum and Summit in 2007: _____

b. Gross annual income:
- ☐ Less than $250,000
- ☐ Between $250,000 and $750,000
- ☐ More than $750,000

c. Performance to budgeted income goal:
- ☐ Exceeded ☐ Met ☐ Fell Short

d. What is the greatest challenge that your organization will face in the next 3 years?

_____
_____
_____

SECTION 4-Scholarship Request

On a separate page, please explain why you are requesting the scholarship and how it will benefit your community.

SECTION 5-Organization and Individual Commitments

Board President or Organization CEO

_____
Signature and Title Date

Applicant

_____
Signature Date

For Summit Scholarship Evaluation Team:

Date Received: _____
Approved by: _____
- ☐ Registrar Notified
- ☐ Applicant Notified