



**Phoenix Professional Chapter of AISES
Professional Development Funding**

Please Print Clearly or Type

Date _____

Name: _____

Address: _____

Street _____ Apt/Suite # _____

City _____ State _____ Zip Code _____

Telephone: (____) _____

Email Address: _____

Employer: _____

Position: _____

FUNDING REQUEST

Conference Fee Assistance \$300 Exam Fee Assistance \$175 Transportation Assistance \$150

CONFERENCE INFO

Conference Name: _____

Location: _____

Date: _____

Cost: _____

Will you be presenting a session, workshop, etc? If so, please describe.

EXAM INFO

Exam: _____

Is this required for your career placement? _____

Cost: _____

TRANSPORTATION INFO

Conference Name: _____

Has conference fee been paid? _____

Are you presenting? Sitting on a panel? Describe.

Do you have a Phoenix AISES paid membership for this year? Yes No

Have you attended any Phoenix AISES events this year? If so, describe:

Have you volunteered at any Phoenix AISES events? If so, describe:

Supporting Documents

Please attach supporting documents with your request including conference brochures, conference registration, exam registration, and plane ticket/rental car/train/ride sharing receipts.

*Please submit your completed request to:
Phoenix AISES
P.O. Box 16483 Phoenix, AZ 85011
Or Email phxaises1@gmail.com*

FOR INTERNAL USE ONLY	
<input type="checkbox"/> Paid Phoenix AISES Membership	Received on (Date): _____
	Amt. Requested: \$ _____
Denied: <input type="checkbox"/>	Approved: <input type="checkbox"/>