



Rocky Mountain Chapter of the SCTE

Scholarship Certification Application

PLEASE PRINT

Name _____

Title _____

Company _____

Address _____

City _____ State ____ Zip _____

Phone _____

Email _____

SCTE membership #: _____

Nature of opportunity: Please list the certification you wish to pursue

Cost of Certification _____

Employer offer educational assistance? Yes ___ No ___ N/A ___

Employer awarded funds _____

Why not applied for Company funds _____

Have you applied for other financial assistance? Yes ___ No ___



If yes, please describe the organization(s) providing assistance and the amount of the grant(s) for which you have applied.

Professional Activities

Please list professional organization memberships, contributions to the industry and other professional activities with dates of involvement

Please describe why you wish to pursue this certification opportunity and how you expect to benefit from it.

Professional References

Two work-related references must accompany this application, including one reference from the applicant's current supervisor. Each reference must include the following:

- Reference's name, title, company, phone number, e-mail address
- Explanation of why the applicant is deserving of this certification scholarship

Please email application with references to our Rocky Mountain Board care of Dino Starinieri, dino.starinieri@charter.com