

## **KELLY KERR MEMORIAL** - IPWMAN SPRING SCHOLARSHIP APPLICATION

Application submittal is open to any IPWMAN member agency employee registered for IPSI.

Name:				
Address:				
City:		State:	Zip:	
Phone:	Fax:	Email:		
Please contact	IPSI Year: 1) 2) 3) _ Mary Bender at mbender102@ao	Year 1 registrations are ve l.com to assure availability bef		
PRIOR I	PSI SCHOLARSHIP RECIPIENT Yes	s No If yes, which y	ear?	
Employer:				
Employer Address				
Director (or equivalent) Name:		Title:		
Email Address:		Phone Number	Phone Number:	
Present Position/T	ïtle:			
Attach a brief writ	ten narrative on how you feel this	course will benefit you and yo	our career. (Max. 500 words)	
Attach a letter from	n your employer with an endorse	ment of your attendance and a	statement about the ability	
and willingness for	r your employer to cover for the th	hree year program if you do no	t receive the scholarship?	
Have you applied f	or scholarship funding from any o	other IPSI sponsor?		
Yes No	If yes, which sponsor?			
How did you hear	about IPSI?			
	In which IPWMAN	Region are you a member?		
	Re	egion:		
Do	o not pay the registration fee until	after you are notified about th	ne scholarship.	
Total scholarship amount is \$595. You will be responsible for the remaining fee				
	nd all other expenses. Only 1 IPW Please submit your application alc			

Mark Runyon mrunyon@ipwman.org 630-636-8689

DEADLINE FOR SPRING 2025 APPLICATION February 28, 2025