



## ILLINOIS PUBLIC SERVICE INSTITUTE

**April 26 - May 1, 2026**

### KELLY KERR MEMORIAL - IPWMAN SCHOLARSHIP APPLICATION

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

IPSI Year: 1) \_\_\_\_ 2) \_\_\_\_ 3) \_\_\_\_

Please contact Mary Bender at mbender102@aol.com to assure availability before applying for a scholarship.

PRIOR IPSI SCHOLARSHIP RECIPIENT Yes \_\_\_\_ No \_\_\_\_ If yes, which year? \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Director (or equivalent) Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Present Position/Title: \_\_\_\_\_

Attach a brief written narrative on how you feel this course will benefit you and your career. (Max. 500 words)

Attach a letter from your employer with an endorsement of your attendance and a statement about the ability and willingness for your employer to cover for the three year program if you do not receive the scholarship?

Have you applied for scholarship funding from any other IPSI sponsor?

Yes \_\_\_\_ No \_\_\_\_ If yes, which sponsor? \_\_\_\_\_

How did you hear about IPSI?

In which IPWMAN Region are you a member?

Region: \_\_\_\_\_

***Do not pay the registration fee until after you are notified about the scholarship.***

***Total scholarship amount is \$595. You will be responsible for the remaining fee balance and all other expenses. Only 1 IPWMAN scholarship will be awarded per IPSI session.***

***Please submit your application along with the registration form by email to:***

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

**DEADLINE FOR SPRING 2026 APPLICATION  
MARCH 1, 2026**