



OFFICE USE ONLY:

Account Code/LeadershipITE  
code: \_\_\_\_\_

## LEGACY PROGRAM FUND LeadershipITE - Scholarship Requests

### Legacy Program Scholarship Selection Committee (Chaired by the Legacy Program Committee Chair- Past President of ITE)

1. Legacy Program Committee Chair
2. LeadershipITE Program Chair
3. LeadershipITE Selection Subcommittee Chair

### Cost of the *LeadershipITE* Program

Tuition for the LeadershipITE program is \$3000. This includes all workshops (some meals during workshops), course materials, webinars, and registration to ITE's Annual Meeting and Exhibit held during the program year. Where possible, it may also include registration to a District or Section event if combined with a LeadershipITE program. The registration does not include travel, hotel and some meals.

### Scholarship Request Process

The application for a Legacy Program scholarship request form will be combined with the *LeadershipITE* application, which will be due to ITE Headquarters by September 14, 2018. A completed *LeadershipITE* application packet includes:

- Completed application form submitted by the due date;
- Responses to short essay questions;
- Nomination letter from current or past ITE District or Section officer;
- Support letter from current employer; and,
- Support letter from non-employer.

If financial support is needed and indicated, a completed scholarship request form will be due to ITE Headquarters by October 8, 2018. The following additional information will be required:

- Completed Fred Gorove Scholarship request form submitted by the due date of October 8; and,
- Two letters of recommendation verifying the need for financial support from this scholarship (a statement may be included in the letter(s) of support as part of the LeadershipITE application).
- This information may accompany the *LeadershipITE* application packet.

### Scholarship Selection Process

Once the participants of the *LeadershipITE* program have been selected by the *LeadershipITE* Scholarship Selection Subcommittee, the following sequence will be used:

- Scholarship applications from those needing financial support will be sent to the Chair of the Legacy Program Scholarship Selection Committee (by October 16, 2018);
- This Committee will review and rank the applicants (by October 23, 2018);
- The *LeadershipITE* Scholarship Selection Committee will convene by phone if deemed necessary by the chair to select scholarship recipient(s) by (October 30, 2018); and,
- ITE Headquarters will notify the scholarship applicants of the results by November 1, 2018.
- *LeadershipITE* tuition is due November 15, 2018.



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## THE LEGACY FUND

# LeadershipITE - Fred Gorove Scholarship Request (2020)

### Personal and Professional Information

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

Preferred Name or Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Credentials (P.E., PTOE, PTP, etc.): \_\_\_\_\_

ITE Membership #: \_\_\_\_\_

ITE Membership Grade: \_\_\_ Student \_\_\_ Member \_\_\_ Fellow      Years a Member: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Preferred e-mail: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Job Title: \_\_\_\_\_

Business Address (if different from above): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Scholarship Request Description

Describe how the scholarship will be used to further the Legacy Fund's purpose which is to grow the next generation of ITE Leaders:

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**Budget Breakdown**

Amount of Request: \$ \_\_\_\_\_ Period scholarship will cover: From \_\_\_\_\_ To \_\_\_\_\_

If there are multiple parts to the scholarship that is being requested, please indicate the budget below:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Amount Requested:	\$ _____

**FOR OFFICE USE ONLY:** Total Amount Granted: \$ \_\_\_\_\_

**NOTE: Please include two letters of recommendation from individuals who can support your need for this scholarship request.**

I certify that the statements in this request are true and complete to the best of my knowledge and accept, if a scholarship is awarded, the obligation to comply with the terms and conditions in effect at the time of the award.

Signature: \_\_\_\_\_

Print Full Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Please send this completed application NO LATER than October 7 to:  
The Legacy Fund/Fred Gorove Scholarship  
1627 Eye Street, Suite 600  
Washington, DC 20006  
Phone: 202-785-0060**