



Florida Federation of Fairs Scholarship Application Form 2012

*Due April 1st
For Florida Participants in the Institute of
Fair Management.
See instructions on Page 3 for submittal*

Name: _____

Fair/Organization: _____

PLEASE NOTE: Must be a Florida resident involved with a Florida Fair

Preferred Mailing Address: _____

City _____ State - _____ Postal _____

Day Phone: _____ Evening Phone: _____

Preferred E-Mail Address: _____

Current position with fair/organization:

- | | |
|--|--|
| <input type="checkbox"/> CEO/Manager (paid full time) | <input type="checkbox"/> CEO/Manager (paid part-time <u>or</u> volunteer) |
| <input type="checkbox"/> Staff member (paid full time) | <input type="checkbox"/> Staff member (paid part-time <u>or</u> volunteer) |
| <input type="checkbox"/> Board member | <input type="checkbox"/> Other _____ |

How long have you been in your current position with the fair/organization? _____

Annual Fair Attendance: _____ Total Annual Revenues: \$ _____

Is the fair/organization paying all or some portion of the expenses of your participation in the IAFE Institute of Fair Management?

- _____ Yes If yes: 100% (registration/travel) Registration only Travel only
 Other _____
- _____ No

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For Office Use Only

Date Received: ____/____/____

Enrollment Date: ____/____/____

