



CONNECTICUT AFFILIATE

**PROFESSIONAL ENRICHMENT AWARD
APPLICATION FORM**

Date: _____ AAFCS Membership Number: _____

Name: _____

Home Address: _____

Telephone: Home: _____ Work: _____

Fax: Home: _____ Work: _____

Employer: _____

Employer Address: _____

Position(s) held or other contributions to AAFCS/CT: _____

Name of Professional Enrichment Program for which applying, including sponsor and a brief description of the program: _____

Date of Program (to qualify, program must be completed between May of current year and May of subsequent year) _____

Estimated Cost of Program: _____

Amount of money for which applying (awards may be given to one or more persons depending on the amount requested up to \$1000 excluding supplies and transportation): _____

Other reimbursement for which you have applied or received? _____

How will this program enrich your professional development? _____

Signature: _____

All applications must be postmarked by March 15th

For help or information, please call **Stephanie Fians** at 203.258.7445

or e-mail stephaniefians@gmail.com

Announcement of the award will be made at the AAFCS/CT Spring Meeting. Send entries to:
Stephanie Fians – 98A Seminole Lane, Stratford, CT 06614-8149