



**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 April 15<sup>th</sup>***

For help or information, please call **Stephanie Fians at 203.258.7445**  
or e-mail [stephaniefians@gmail.com](mailto: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**