



IFEA LEGACY SCHOLARSHIPS APPLICATION

pg 1/2

Please check the appropriate box(es) for the scholarship(s) you are applying for:

- | | | |
|--|---|--|
| <input type="radio"/> The Arts Festival Legacy Scholarship | <input type="radio"/> The Bill & Gretchen Lofthouse Memorial Scholarship | <input type="radio"/> The John Stewart Memorial Scholarship |
| <input type="radio"/> The Nick Corda Memorial Scholarship | <input type="radio"/> The Mampre Media International Scholarship | <input type="radio"/> The Tennessee Festival & Event Professionals Scholarship |
| <input type="radio"/> The Carolyn and Lee Crayton Legacy Scholarship | <input type="radio"/> The Daniel A. Mangeot Memorial Scholarship | <input type="radio"/> The Pete Van de Putte Scholarship |
| <input type="radio"/> The Judy Flanagan Scholarship | <input type="radio"/> The Jean McFaddin Legacy Scholarship | <input type="radio"/> The Joe & Gloria Vera Memorial Scholarship |
| <input type="radio"/> The Gayle Hall Memorial Scholarship | <input type="radio"/> The Mid-Atlantic Festival & Event Professionals Scholarship | <input type="radio"/> The Don E. Whiteley Memorial Scholarship |
| <input type="radio"/> The Georgia Festivals & Events Association Scholarship | <input type="radio"/> The Richard Nicholls Memorial Scholarship | <input type="radio"/> The Kay & Vernon Wolf Scholarship |
| | <input type="radio"/> The Bruce & Kathy Skinner Scholarship | <input type="radio"/> The George Zambelli, Sr. Memorial Scholarship |

SECTION I: APPLICANT INFORMATION

Full Name: _____
Street Address: _____
City: _____ State/Province: _____
Country: _____ Zip Code: _____
Phone: _____ Mobile Phone: _____
E-mail: _____

☐ I attest that I meet the requirements of each of the Scholarships selected above, for which I am applying.

I am a:

- ☐ Full Time Student (Major: _____)
☐ Current Festival/Event Professional (even if on a volunteer basis)
☐ A Festival/Event Volunteer (For: _____)

Annual Income: a) Personal \$: _____ b) Household \$: _____

Which of the following best describes your ethnic background?

- ☐ African American ☐ Anglo/European ☐ Asian, Pacific Islander ☐ Hispanic, Latino, Mexican
☐ Middle Eastern ☐ Native American (First Americans) ☐ Other: _____

SECTION II: ORGANIZATION INFORMATION (Skip to Section III if you are not currently with an organization)

Organization: _____
Street Address: _____
City: _____ State/Province: _____
Country: _____ Zip Code: _____
Phone: _____ Mobile Phone: _____
E-mail: _____ Fax: _____
Website: _____ Number of Annual Events: _____

To help the Scholarship Selection Committee understand the scope of your organization's event(s), please complete one of the following sections for first time or existing events.

First Time Events:

Please attach a brief description of your proposed/new event and/or organization.

- 1) Proposed Dates: ____/____/____
2) Projected Gross Revenues: \$ _____ Expenses: \$ _____
3) Sponsorship Revenues: Projected: \$ _____ Committed: \$ _____

Existing Events:

- 1) Year Event was Founded: _____
2) Financial History of Current Organization (most recent fiscal year):
a) Budgeted Revenues: \$ _____
1. Gate/Tickets: \$ _____
2. Sponsorship: \$ _____
3. Food & Beverage: \$ _____
4. Merchandise: \$ _____
5. Other: \$ _____
b) Budgeted Expenses: \$ _____

Scholarship Applicant's Name: _____

SECTION III: INSIGHTS AND IMPACT (To be completed by all applicants)

The Scholarship Selection Committee would like to hear in your own words what this scholarship would mean to you. There are no wrong answers, but along with need, the IFEA Foundation and Our Donors would also like to award scholarships to those who will appreciate, benefit and use the opportunity to its fullest potential.

Please answer questions 1 - 3 in expanded written format, using an additional typed page.

1) In detail, describe how attending the IFEA Convention & Expo would:

- a) Benefit You Personally b) Benefit Your Event/Organization c) Benefit Your Community

2) What are your personal goals for the next five years?

3) What are your industry/professional goals for the next five years?

4) Have any other scholarships/grants/funding been provided from other resources for you to attend this convention?

a) Yes. Please provide amount:

1. Source of funding: _____

2. Purpose (hotel, transportation, etc.): _____

b) No. If no, what other funding is available to you from your organization or other sources to cover travel and lodging expenses?

5) Please attach a resume or other information, which helps to describe/support your educational background and/or relevant professional experience (optional for student applicants).

I certify that all information provided in this application is true and correct. If I should receive a scholarship award from the IFEA Foundation, I confirm that I am able to and will attend the program for which the award applies. I also agree to participate in IFEA Foundation activities during the program as needed and requested.

Applicant Signature: _____ Date: _____

FOR THOSE RECEIVING AN IFEA FOUNDATION SCHOLARSHIP

1. If a scholarship recipient's financial, personal or professional status changes in such a way, so as to create a conflict with any of the above requirements, the recipient must notify the IFEA Foundation immediately so that the scholarship can be released to give other applicants an opportunity to attend the convention. In the event an applicant is not awarded the scholarship they applied for, they will automatically be considered for any other remaining scholarship opportunities.

2. Please be aware that it is the policy of the IFEA Foundation to publicize and promote the IFEA Foundation Scholarship program by all methods possible, including the publication of the names and/or photos of scholarship recipients, in print and digital publications. By submitting this application (and the potential receipt of an award) you consent to the use of your name and likeness for this purpose.

3. Transportation, lodging and optional fees (such as CFEE and Continuing Education courses) will be the responsibility of the recipient. The IFEA Foundation may have limited funding available to offset some of these expenses. If you are applying for a travel allowance, please check here and describe your needs in a few sentences.

☐ **Please consider me for a travel allowance** _____

4. If you are awarded an IFEA Foundation Scholarship, you will be notified by Monday, June 10, 2024. At this time, you will also be asked to complete a 2024 IFEA 67th Annual Convention Registration.

Email your completed application and attachments by Friday, May 31, 2024 to

IFEA Foundation Scholarship Selection Committee

c/o Kaye Campbell, CFEE | kaye@ifea.com

Questions? Contact Kaye Campbell, CFEE at +1-208-433-0950 x8150 or kaye@ifea.com