ACCO Scholarship Application

Please execute the following application form and submit your complete application at:   
<https://community.accoonline.org/page/scholarship-application>

**About the Applicant:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **First Name** | | **Last Name** | | **Gender** | **Ethnicity** | |
|  | |  | |  |  | |
| **Employer** *(if self-employed or unemployed, state so here)* | | | **Professional Title** *(if a full-time student, enter student)* | | **If you are a student, please indicate the program & institution in which enrolled:** | |
|  | | |  | |  | |
| **Your City of Residence** | | | **Your State/Province of Residence** | | **Your Country of Residence** | |
|  | | |  | |  | |
| **Your E-mail Address** | | | **Your Phone Number** | | **Best Time to Call** | |
|  | | |  | |  | |
| **Give a brief explanation of the reasons you are applying for this scholarship?** | | | | | | **Which ACCO training program would you like to attend?** |
|  | | | | | |  |
| **Please indicate 2-3 ways you plan to use this training program.** | | | | | | |
| **1** |  | | | | | |
| **2** |  | | | | | |
| **3** |  | | | | | |

**References:**ACCO requests that all applicants provide two references. Employed professionals should use at least one current co-worker. Students should use at least one professor. ACCO reserves the right to contact references in reviewing and considering scholarship applications.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Reference #1** |  | | | | |
| **First Name** | | **Last Name** | | **Employer** | **Title** |
|  | |  | |  |  |
| **Nature of Reference** *(professional, academic or personal)* | | | **Reference’s E-mail Address** | | **Reference’s Phone Number** |
|  | | |  | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Reference #2** |  | | | | |
| **First Name** | | **Last Name** | | **Employer** | **Title** |
|  | |  | |  |  |
| **Nature of Reference** *(professional, academic or personal)* | | | **Reference’s E-mail Address** | | **Reference’s Phone Number** |
|  | | |  | |  |

**The above information is true and accurate and is being submitted in support of my Scholarship Application to an ACCO Training Program:**Your Full Name: Today’s Date: Signature: