

# Coleman Scholarship Individual Application

Interested CEO Member Students will need to register for the conference, pay the full registration fee and all expenses.  
**Only fully completed and legible applications will be considered.**

**PLEASE PRINT ALL INFORMATION**

Date:

Name:  School:

HOME Address:

City/State/Zip:

Email:  Telephone:

*If applying as an individual, you will receive one reimbursement check made out to you.*

## Scholarship support is available in four categories – you may apply for one or all:

(See Scholarship Guidelines for specifications)

I would like to request the following scholarship support/reimbursement for:

- |                          |  |   |
|--------------------------|--|---|
| <input type="checkbox"/> | <b>1. Conference Registration Fee Reimbursement:</b>               |   |
|                          | Full Conference Registration Fee @ \$50 reimbursement              | \$ <input style="width: 50px; height: 15px;" type="text"/>        |
|                          | OR   |   |
|                          | 1 Day Conference Registration Fee @ \$40 reimbursement             | \$ <input style="width: 50px; height: 15px;" type="text"/>        |
| <br>                     |  |   |
| <input type="checkbox"/> | <b>2. Conference Activity Volunteer Reimbursement:</b>             |   |
|                          | Estimated reimbursement Amount                                     | \$ <input style="width: 50px; height: 15px;" type="text"/>        |
| <br>                     |  |   |
| <input type="checkbox"/> | <b>3. Matching Fund-Raising/Creating Enterprise Reimbursement:</b> |   |
|                          | Amount of funds requested  | \$ <input style="width: 50px; height: 15px;" type="text"/>        |
| <br>                     |  |   |
| <input type="checkbox"/> | <b>4. Article Submission Reimbursement:</b>                        |   |
|                          | Estimated reimbursement Amount                                     | \$ <input style="width: 50px; height: 15px;" type="text"/>        |
|                          | <b>Total Reimbursement Amount requested</b>                        | <b>\$ <input style="width: 50px; height: 15px;" type="text"/></b> |

A. **Name of Campus Entrepreneurship Organization:**

B. **Are you a student leader?**     Yes     No

If so, office held?

Faculty Advisor Name:

Faculty Advisor Email:

C. **By submitting this application, I acknowledge that:**

- a. I have read and agree to the specified guidelines as outlined on the individual guideline pages,
- b. I will assume responsibility for submitting said documents as applicable by the said deadline dates,
- c. I understand and agree to that failure to fully comply with the said guidelines may result in reduction and/or revocation of any approved scholarship funding,
- d. CEO reserves the right to set a reimbursement maximum on an individual basis,
- e. Reimbursement checks will be mailed after the conference, if all specified Scholarship guidelines have been followed and deadline dates adhered,
- f. Participating in the CEO Coleman Scholarship reimbursement program is voluntary and regarded as permission for CEO to use, share, publish and/or promote any/all information submitted in conjunction with this program.