

Miller Professional Development Scholarship Application

College Stores Association of North Carolina

Please carefully review guidelines before completing and mailing this application. All sections must be completed for consideration.

Name _____ Title _____

Bookstore _____

Institution Served _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

SECTION 1

I will be attending the CSANC Annual Meeting for the first time:

Yes No

SECTION 2

1. Will anyone else from your store be attending the Annual Meeting this year?

Yes No if yes, will you be sharing a room? Yes No

2. Has your store been awarded a CSANC Scholarship within the past 24 months?

Yes No

If yes, when? _____

3. When was the last time someone from your store attended the Annual Meeting?

SECTION 3

**TO THE COLLEGE STORES ASSOCIATION OF NORTH CAROLINA
SCHOLARSHIP COMMITTEE:**

We are requesting a scholarship in order that a participant from our store will be able to attend the CSANC Annual Meeting. I believe that the candidate is interested in making a career in the college store industry and will benefit by attendance. I further certify that we will grant time with pay (other than vacation time) for attendance and that the funds we are requesting are not otherwise available. Without this grant the individual will not be able to attend this program.

Signed _____

Title _____

Bookstore Director/Manager _____

Date of application: _____

Additional factors for consideration by the scholarship committee _____

Please send completed scholarship applications to the Chairman of the Scholarship Committee.

Bill Blades
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