

Thank you for your interest in the Southeastern Field Office Scholarship Process. Please read through the below listed guidelines prior to completing this form. Applicants may direct any questions about the Scholarship Application Process to ACA, Inc.

James "Pop" Hollandsworth Memorial Scholarship

Funds from the James "Pop" Hollandsworth Memorial Scholarship may be used to support participations at:

- Southeastern Fall Camp Conference, or
- National Conference, or
- ACA sponsored professional development opportunities

Peggy Adams Equestrian Scholarship

The Peggy Adams Equestrian Scholarship may be used to support attendance at a CHA (or equivalent) training.

Scholarship Guidelines :The following guidelines are applicable to both the James "Pop" Hollandsworth Scholarship and the Peggy Adams Memorial Scholarship.

Eligible applicants include:

- ACA, SE Members
- ACA Members from other regions that show interest in Southeastern Professional Development
- Any non member; membership to ACA, Inc will be highly encouraged
- Returning applicants
 - Those who have received funds in the past will be considered secondary to those who have not received funds

Each applicant is eligible to receive:

- Money toward registration fees for the program or course or conference
- Travel, lodging and food monies will be decided on a case-by-case basis.

Application & awarding timeline:

- Applications are accepted year round
- Applications are reviewed 6 weeks before the event/training
- Recipients are notified 4 weeks before the event/training

The scholarship applications will be reviewed by:

- A committee headed by the Vice-Chair of Resources

Scholarship Application – Please complete all sections

Personal/Contact Information

Name _____

Camp/ Company Name _____

Not Currently Employed

If currently a student, current school _____ Major _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____

Email _____

Are you an ACA member? YES NO ACA Member # _____

If no, are you a staff member at an ACA Accredited Camp? YES NO

Director's Name _____ Your Position _____

What type of scholarship are you applying for (please check one)

- James "Pop" Hollandsworth Memorial Scholarship

List Course Name _____

Date(s) and Location of Course: _____

- Peggy Adams Equestrian Scholarship

List Course Name _____

Date(s) and Location of Course: _____

Have you had any previous involvement with ACA? If so, what and when?

How did you become aware of this professional development opportunity?

Describe your background and future goals:

What do you hope to gain by attending this conference/training/opportunity?

If you do not receive this financial assistance, will you be able to attend anyway? YES NO

What will your total expenses be to attend the conference (include travel, accommodations, conference cost)?

Registration Fee: \$ _____ Travel Costs: \$ _____ Food/Lodging Costs: \$ _____

Total of the Above: \$ _____ How much are you requesting? \$ _____

Please list two professional references. Include name, phone and email:

1. Name _____ Company _____

Phone _____ Email _____

2. Name _____ Company _____

Phone _____ Email _____

Your signature _____ Date _____

Return to ACA, Inc. Attn: Jazmin Albarran

5000 St Road 67 North
Martinsville, IN 46151
jalbarran@acacamps.org