



# Capital District Counseling Association

PO Box 50153, Albany, NY, 12205

[www.CDCANY.org](http://www.CDCANY.org)

---

## 2020-2021 GRANT APPLICATION

Application due no later than one month prior to conference registration deadline

APPLICANT INFORMATION please print/type:

Name: \_\_\_\_\_

School/Campus: \_\_\_\_\_ Position: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Years in Counseling: \_\_\_\_\_

Career Objective(s): \_\_\_\_\_

### CONFERENCE INFORMATION

Conference Title: \_\_\_\_\_

Sponsoring Organization(s): \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Location: \_\_\_\_\_

Amount Requested (Up to \$500 allowable): \_\_\_\_\_

If there are multiple workshops, which do you plan to attend? \_\_\_\_\_

---

---

---

---

---

How will you "give back" to the CDCA organization, should you receive a scholarship?

- Write an article for our newsletter
  - Presenting a workshop at a CDCA conference
  - CDCA executive board/committee chair
  - Other (Please explain below)
- 
- 

**ADDITIONAL REQUIREMENTS:** (Please attach the following)

- 1) Resume of all current or previous counseling-related professional development involvement. Be sure to include ALL committee involvement for any counseling-related professional organization, including CDCA.
- 2) On a separate sheet of paper, please state (a) your career goals and objectives in attending this event and (b) how you believe your participation will enhance your skills as a counselor, your institution, or your CDCA colleagues. If workshops will be held, be sure to include the specific ones you plan to attend.
- 3) Letter from a school/campus division senior administrator verifying a lack of institutional funding for your attendance at this conference.
- 4) Completed conference registration form.

**Eligibility requires:** being 1) a paid member of CDCA 2) member of CDCA for at least one year 3) able to demonstrate inability of home campus to fully (or partially) fund participation in event, and 4) able to describe how event participation will enhance a) your skills as an education professional or b) your institution or c) CDCA.

Completed application **MUST** be submitted by deadline with all required materials included in one envelope. Recipients are limited to ONE grant per year.

\_\_\_\_\_  
Applicant Signature                      Date

Return completed application no later than one month in advance of the registration deadline to:

CDCA Grants Committee  
PO Box 50153  
Albany, NY 12205