



## **Washoe Education Support Professionals**

### *Joan Bedell Member Scholarship*

#### **Application Requirements**

1. Applicant must be a dues paying member for the immediate past one year.
2. Scholarship request must be related to an occupation that can be used in a current job classification within WCSD.
3. Scholarship funds will be awarded on a first come, first serve basis, providing application is complete.
4. Members may be granted a maximum of \$400 per school year, providing funds are available.
5. Scholarship may be used for TMCC, UNR, or other educational facility course.
6. Scholarship may be used to pay for course fees, lab fees, required textbooks, and other itemized authorized fees.
7. Recipient must provide WESP with receipts for fees, etc., paid within ten days of registration.
8. Scholarship funds may be used to reimburse applicant for fees paid within previous 30 days of application.
9. Application is reviewed and approved by WESP Executive Board.
10. Decision of WESP is final and not subject to appeal
11. Upon completion of course, recipient will provide WESP with a copy of the completion of course.



**Washoe Education Support Professionals**

*Joan Bedell Member Scholarship  
Application*

**PLEASE TYPE OR PRINT IN INK**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

JOB TITLE \_\_\_\_\_ JOB LOCATION \_\_\_\_\_

**PLEASE PROVIDE COMPLETE INFORMATION:**

WCSD HIRE DATE \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

ENROLLMENT DATE WITH WESP \_\_\_\_\_

**COURSE INFORMATION:**

Please provide a copy of course description from catalog.

NAME OF COURSE \_\_\_\_\_ COURSE NO. \_\_\_\_\_

COLLEGE/UNIVERSITY/SCHOOL \_\_\_\_\_

**SCHOLARSHIP REQUESTED FOR:**

COURSE FEE \$ \_\_\_\_\_

BOOKS \$ \_\_\_\_\_

LAB FEE \$ \_\_\_\_\_

OTHER: \$ \_\_\_\_\_ (PLEASE EXPLAIN)

TOTAL REQUESTED \$ \_\_\_\_\_

I understand payment will be made directly to the educational facility. I agree to complete the course and provide Washoe Education Support Professionals with receipts for fees paid with scholarship funds.

I ( ) have ( ) have not received assistance from the Joan Bedell Membership Scholarship fund in the past.

If past assistance received please indicate amount and year:

\$ \_\_\_\_\_ Year \_\_\_\_\_

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



**Washoe Education Support Professionals**

**(To Be Completed By Washoe Education Support Professionals)**

Date of member enrollment \_\_\_\_\_

Request:

( ) Approved in the amount of \$ \_\_\_\_\_

( ) Disapproved and reason(s): \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Committee Chairperson Date

\_\_\_\_\_  
Committee Member Date

\_\_\_\_\_  
Committee Member Date

\_\_\_\_\_  
Committee Member Date