

*ISBA Employee
Education Grants*
Another member benefit



ISBA Education Grants
For current ISBA Member Station Employees

Who may apply - eligibility requirements

- Full or Part-Time Employees of ISBA member stations.
- May be used toward educational classes, seminars, workshops, conventions and programs which will increase the employee's knowledge of the broadcasting industry, but not for tuition or courses leading to a degree.
- Grants may be used toward class fees, transportation, lodging and meals.
- Station/General Manager must certify that applicant is a current employee and endorse application by signing below.
- Grants will not exceed \$500 per individual, per year, unused grants will expire 3 months from the date of the educational opportunity.

Return to Idaho State Broadcasters Association, 1674 Hill Rd., Ste. 3, Boise, ID 83702.

Applications may be filed electronically to isba@qwestoffice.net. A confirming e-mail from your general manager must accompany your electronic application.

PLEASE TYPE or PRINT LEGIBLY

Applicant's Name _____ Social Security Number _____

Address _____ Tel No (_____)_____/_____

City _____ State _____ Zip _____ e-mail: _____

Employed at which ISBA Member Station? _____ For how long _____ years/mos.

Full-Time _____ or Part-Time _____ Date of Application: _____

Name of Educational Opportunity: _____ Date of Educational Opportunity: _____

Your Request

Please address the following:

- What educational activity are you requesting to participate in?
- How will attending increase your knowledge of the broadcast industry?
- How will you apply this knowledge to your current job position?
- Please outline a breakdown of costs associated with your participation in this activity, including tuition/registration fees, travel and meal costs.

Amount Requested: _____

Date of Training: _____

I certify the information on this application is true and correct to the best of my knowledge.

Applicant's Signature _____

Station/General Manager Certification and Endorsement

I certify this applicant is a current employee of an ISBA member station and I endorse this application.

Name _____ Station _____
(Please type)

Signature: _____

The Selection

Application deadlines are Jan 15th, Apr 15th, Jul 15th & Oct 15th. The ISBA Board will review applications quarterly and award grants at the board's discretion. **Payment will be made directly to the employee. Proof of participation will be required before payment is made and applicant must be a current employee of the station when payment is made.**



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