



# ACCREDITATION INCENTIVE GRANT GUIDELINES & APPLICATION

Applicant shall type or print all information on the application and submit it to NEC/AAAE, 230 Washington Ave. Ext. Suite 101 Albany, NY 12203

- The Chapter will reimburse two members per year for initial accreditation program registration fees and study material, after the member's management presentation has been accepted or the candidate has passed the written exam. This grant is limited to Executive Candidates who use personal funds to cover initial accreditation fees.
- As a reward for those candidates who do not receive Chapter financial support via either of the above, the first two of those candidates to complete the accreditation process each calendar year and who have completed an application for their award will receive free registration at the Chapter's annual conference.

**ELIGIBILITY:** Limited to NEC/AAAE members who are Airport employees enrolled in the AAAE Accreditation Program, and whose employers cannot financially support the applicant's accreditation pursuit.

Categories for which you may apply:

- Reimbursement of initial AAAE registration fees and materials upon completion of the program
- NE Chapter Annual Conference Registration for first chapter member accredited in the year.

*Note: Only one grant per person may be awarded under the accreditation incentive program.*

In addition to our grant application, please submit the following:

AIRPORT CONTACT

ADDRESS	CITY	STATE	ZIP
PHONE #	EMAIL ADDRESS		
INTERNSHIP PERIOD	HOURS PER WEEK	FUNDS BEING PROVIDED BY AIRPORT	

## APPLICANT INFORMATION

FULL NAME			
ADDRESS	CITY	STATE	ZIP
PHONE #	EMAIL ADDRESS		
A.A.E. or Executive Candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No			

## EDUCATION

HIGH SCHOOL	YEAR GRADUATED	OTHER COLLEGE, GRADUATE, OR TECHNICAL SCHOOLS	YEAR GRADUATED
COLLEGE	YEAR GRADUATED	DEGREE/MAJOR	SEMESTER HOURS COMPLETED
DEGREE/MAJOR	SEMESTER HOURS COMPLETED		

## WORK EXPERIENCE (If employed by an airport, please indicate what category airport)

CURRENT EMPLOYER	SUPERVISOR	PREVIOUS EMPLOYER	SUPERVISOR
ADDRESS	PHONE #	ADDRESS	PHONE #
JOB TITLE		JOB TITLE	
Describe your work:		Describe your work:	
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**NEC/AAAE OR NATIONAL AAAE PARTICIPATION**

Are you a member of the NEC/AAAE?  Yes  No

Have you previously applied for a NEC/AAAE grant?  Yes  No  
 If yes, what grant and when?

Have you previously been awarded a NEC/AAAE grant?  Yes  No  
 If yes, what grant and when?

Other NEC/AAAE or National AAAE Conferences or schools attended:

What NEC/AAAE activities do you now participate in or have participated in?

**APPLICANT'S STATEMENT** (Attach additional sheets if necessary)

In what way do you think you will benefit from being a recipient of this grant?

**EMPLOYER RELEASE** (Attach additional sheets is necessary)

The Chapter strongly recommends that the candidate awarded this grant be allowed to utilize this Grant without using personal leave.

For the purpose of classifying the applicant's absence from his normal work location, it is understood that the applicant's attendance at this event will be considered (check one):

- Work related with time charged in accordance to employer's policies (normal salary/ 8 hour day)
- Vacation
- Personal/comp time
- Leave without pay

I hereby acknowledge that all the information provided in this application is accurate to the best of my knowledge.

All information on this form is subject to verification by the NEC/AAAE; however, this information is kept confidential for use in the grant selection process only. Failure to provide the requested information may disqualify the applicant.

\_\_\_\_\_  
 APPLICANT'S SIGNATURE DATE

**This RELEASE must be signed and witnessed for those applying for all Grants.**

The selected candidate agrees, as a prior condition to the acceptance of the NEC/AAAE award, to release the (Official name of airport, if an airport employee) and the NEC/AAAE from any liability claims that might arise from the acceptance of this Award.

\_\_\_\_\_  
 APPLICANT'S SIGNATURE DATE

\_\_\_\_\_  
 WITNESS' SIGNATURE DATE

\_\_\_\_\_  
 APPLICANT'S PRINTED NAME

\_\_\_\_\_  
 WITNESS' PRINTED NAME