

WYOMING ASSOCIATION OF BROADCASTERS

EMPLOYEE EDUCATION GRANT

Eligibility Requirements:

- Applicant must be a current, full or part-time employee of a WAB member station.
- The grant must be used toward educational classes, seminars, workshops, conventions and programs which will increase the employee's knowledge of the broadcast industry, but not for tuition or courses leading to a degree. Grants may be used toward class fees, transportation, lodging and meals.
- The station/general manager must certify that applicant is a current employee and endorse application by signing below.
- Grants will not exceed \$1,000 per individual, per year.
- Unused grants will expire 3 months from the date of the educational opportunity.
- Applicant is only eligible every 3 years.
- Applications must be filed electronically: lauragrott@gmail.com

Grant Selection Process:

- The WAB Board will review the applications, as received.
- There will be two radio grants (up to \$1,000) and one TV grant (up to \$1,000) awarded each year.
- Grants are awarded on a first come basis and upon approval.
- Payment will be made directly to the employee.
- Proof of participation will be required before payment is made.
- Applicant must be a current employee of the station when payment is made.
- Receipts due upon return/after event. Remit to WAB, Box 1387, Cheyenne, WY 82003



WYOMING EMPLOYEE EDUCATION GRANTS
ANOTHER MEMBER BENEFIT

Please Type and Remit to: lauragrott@gmail.com

Applicant's Name

SSN:

Address

Tel No

City

State

Zip

Email:

Employed at which WAB Member Station?

How long?

years/mo.

Full-Time

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 anticipated expenses associated with your participation in this activity-including tuition/registration fees, travel, lodging, and meals.

Dollar Amount Requested:

Date of Event:

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

Applicant's Signature _____ **Date**

Station/General Manager Certification Endorsement

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

Manager Name:

Station:

Manager Signature: _____

Date:

Station Manager Comments (optional):

Please send an electronic, signed copy of this completed application to:
lauragrott@gmail.com **at least 30 days prior** to your event.