

*Wyoming Employee
Education Grants*
Another member benefit



WAB Education Grants
For current WAB Member Station Employees

Who may apply - eligibility requirements

- Full or Part-Time Employees of WAB 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 \$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.

Return to WAB, Box 1387, Cheyenne, WY 82003

Applications may be filed electronically to: lauragrott@gmail.com.

PLEASE TYPE or PRINT LEGIBLY

Applicant's Name _____ Social Security Number _____

Address _____ Tel No (_____)_____/_____

City _____ State _____ Zip _____ e-mail: _____

Employed at which WAB 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 a WAB member station and I endorse this application.

Name _____ Station _____

(Please type)

Signature: _____

The Selection

The Board will be reviewing the applications as received and there will only be two radio @ up to \$1,000 and one TV @ up to \$1,000 awarded each year. First come basis and upon approval. **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.**