



\$500 Career Advancement Scholarship Application

Name: _____ Credit Union Acct #: _____

Address: _____ City/State/Zip: _____

Work Phone: _____ Cell Phone: _____ Email: _____

You must be a primary AAEC member in good standing to apply for this scholarship. This award may be used for any class, conference, or program taken in 2024 that will help you advance your career and which will not be reimbursed by your employer or another scholarship. Winners will be chosen at random. The check will be payable to the school you will be/are attending.

Present Employer, if any: _____ Present Position: _____

How will this class or program benefit you? _____

Name of college or school you are attending/will attend: _____

Name of Class: _____

Are you working toward a degree/certification? If so, please specify: _____

How has AAEC Membership benefitted you? _____

Applicant's Signature: _____ Date: _____

Signature indicates permission for AAEC Credit Union to publish your name, your photograph, and your statement regarding AAEC membership benefits for publicity purposes. Email application to office@aaeccu.com or mail to AAEC Credit Union, 1104 S Arlington Heights Rd, Arlington Heights, IL 60005. Recipients will be notified via email.

Deadline for application: 12/31/2024