



## Applicant Pledge (Must be an active SCTE member)

I would like to receive funding from the SCTE Foundation as part of the Advancing Cable Excellence Campaign to continue my pursuit of knowledge, training and professional development in the cable telecommunications industry.

## Applicant Information

Name \_\_\_\_\_

SCTE Member Number (required) \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_  
Street/PO Box City State/Province Zip/Postal Code

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

## Application Details

*Answer all questions below. If necessary, responses may be written on a separate sheet of paper and attached to this form.*

Please state and explain the nature of the opportunity for which you request funds:

Cost of program, classes or opportunity: \$ \_\_\_\_\_

Does your employer offer educational assistance?  No  Yes

If Yes, have you applied?  No  Yes If Yes, please state the dollar amount awarded: \$ \_\_\_\_\_

If you have NOT applied for educational assistance, please state your reason(s):

Have you applied for financial assistance from an organization(s) other than your employer?  No  Yes

If YES, please list the following: 1- Organization(s) to which you have applied; 2 - The amount of the grant(s) for which you have applied; 3 - The amount(s) awarded.

Please list professional organization memberships, notable industry contributions and other activities with dates of involvement:

## Essay Requirement

**IMPORTANT:** In a separate document, please describe why you should be considered for this scholarship. Highlight examples that showcase your passion for the industry and drive to enhance your career and professionalism. Also, describe the value that this scholarship would provide within your current position. Essays can be submitted with this application via the methods below.

## Professional Reference Requirement

**IMPORTANT:** One (1) work related, written reference is required for your application to be reviewed. Please include one (1) reference from your current supervisor. Reference **must** explain why he/she feels the applicant is deserving of this grant and **must** include their name, company, job title, phone number and e-mail address. References can be submitted with this application via the methods below.

Return this completed application and required materials or call with questions:

**Mail:** SCTE Foundation, 140 Philips Road, Exton, PA 19341-1318

**Phone:** (800) 542-5040 **Fax:** (610) 884-7237

**E-Mail:** foundation@scte.org **Visit:** foundation.scte.org

*Please read the applicant disclaimer on the back of this form >*

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ADVANCE YOUR CAREER.

[foundation.scte.org](http://foundation.scte.org)



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**SCTE FOUNDATION GRANT AND SCHOLARSHIP APPLICANT DISCLAIMER**

PLEASE NOTE: All applicants and recipients agree that the SCTE Foundation shall have all rights to prior review and approval of any and all proposed publicity concerning this grant; and grant to the SCTE Foundation any and all rights to publicize applicants' and recipients' name, city of residence/employment, employer, educational institution, and type of grant.

The SCTE Foundation reserves the right to discontinue, modify or withhold any payments if it deems, in the SCTE Foundation's sole discretion, such action is necessary: (1) because Grantee has not fully complied with the terms and conditions of a grant; (2) to protect the purpose and objectives of a grant or any other charitable activities of the SCTE Foundation; or (3) to comply with any law or regulation applicable to the Grantee, to the SCTE Foundation, or a grant.