

DENISE ABOUD FUND

APPLICATION FOR PROFESSIONAL DEVELOPMENT ASSISTANCE – GPA CONFERENCE

The Denise Abboud Fund is dedicated to help with the education and ongoing professional development of planners, planning commissioners or other persons in Georgia who work in or serve rural or poorer communities in an official planning role.

This year (2010), grant assistance is offered on a competitive basis to offset travel costs to the Fall GPA Conference in Valdosta (9/29-10/01). For Eligibility and Selection Criteria, go to the GPA web site at www.georgiaplanning.org and click on the Georgia Planning Memorial Foundation.

APPLICANT

Name _____
First Middle Last

Address _____
Street Apartment/Suite #

_____ *City County State Zip Code*

Contact Telephone _____ Home Work

Email Address _____

GPA Member? Yes (AICP?) No Have Applied*

Note: Georgia Planning Association Membership is NOT required for assistance from the Denise Abboud Fund. However, GPA has agreed to waive conference registration fees for 2010 grant recipients that are GPA members or become GPA members (\$35 annual chapter-only membership) prior to the conference.

APPLICANT INFORMATION

Community (Town, City or County) you serve _____

County in which the community you serve is located _____

Current Position/Title _____

Describe Current Responsibilities _____

*To apply, go to www.planning.org. You can join as a full APA Planning member or as a Planning Commissioner (either of which includes membership in the GPA Chapter) or as a 'Chapter Only' member in GPA.

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Have you previously served in a planning capacity for a different town, city or county? No
 Yes Please describe your most recent previous planning experience and for how long:

BENEFIT

Briefly describe how attending the GPA Fall Conference will help your professional development.

Briefly describe how attending the GPA Fall Conference will benefit your community.

FINANCIAL AID

The number of road miles from my community to the conference site (Valdosta) is _____ one way.

- I will attend the full conference and will need 2 nights in the conference hotel.
- I will attend the Planning Commissioner’s Track and will need only 1 night in the hotel.

By checking this box, I hereby certify the information provided in this application is complete, accurate and truthful. In the event that I receive financial aid from the Georgia Planning Memorial Foundation, I hereby agree to use such financial aid only in connection with the Seminar or Event described above and only in connection with costs necessary to further my professional development. I understand that if I misuse such financial aid for a purpose not related to the purposes of the Foundation, I may be required to refund the full amount of the financial aid I receive.

Date of Application: _____

Please submit this Application **prior to August 31, 2010**
by mail: Bill Ross, 2161 Peachtree Road NE, Suite 806, Atlanta, GA 30309 or by email: bill@planross.com

Your Application and receipt of grant assistance will be held in strict confidentiality by the Foundation.