

AIRPORT PROFESSIONAL EXCHANGE GRANT GUIDELINES & APPLICATION

Applicant shall type or print all information on the application and submit it to:

NEC/AAAE, 230 Washington Ave Ext. Suite 101, Albany, NY 12203.

Several grants each year may be awarded to cover the expenses for meals, travel, and lodging up to a maximum of \$1,500 per grant. The grant provides funding for members to travel to other airports in the Chapter for the exchange of information regarding matters of airport management.

ELIGIBILITY: Applicant must be a NEC/AAAE member in good standing.					
In addition to our grant applica	ation, please submit the following:				
AIRPORT CONTACT					
ADDRESS		CITY	STATE	ZIP	
PHONE #		EMAIL ADDRESS			
INTERNSHIP PERIOD	HOURS PER WEEK	FUNDS FEING PROVIDED BY AIRPORT			
APPLICANT INFORMATIO	N N				
FULL NAME					
ADDRESS		CITY	STATE	ZIP	
PHONE # A.A.E. or Executive Candidate?	Yes □ No	EMAIL ADDRESS			
EDUCATION					
HIGH SCHOOL	YEAR GRADUATED	OTHER COLLEGE, GRADUAT	TE, OR TECHNICAL SCHOOLS	YEAR GRADUATED	
COLLEGE	YEAR GRADUATED	DEGREE/MAJOR		SEMESTER HOURS COMPLETED	
DEGREE/MAJOR	SEMESTER HOURS COMPLETED				
WORK EXPERIENCE (If emp	loyed by an airport, please indicate what	category airport)			
CURRENT EMPLOYER	SUPERVISOR	PREVIOUS EMPLOYER		SUPERVISOR	
ADDRESS	PHONE#	ADDRESS		PHONE #	
JOB TITLE Describe your work:		JOB TITLE Describe your work:			
NEC/AAAE OR NATIONAL AAAE PARTICIPATION Are you a member of the NEC/AAAE? □ Yes □ No		Other NEC/AAAE or l	National AAAE Conference	es or schools attended:	
Have you previously <u>applied</u> for a NEC/AAAE grant? □ Yes □ No If yes, what grant and when?		What NEC/AAAE activities do you now participate in or have participated in?			
Have you previously been awarded If yes, what grant and when?	a NEC/AAAE grant? □ Yes □ No				



APPLICANT'S STATEMENT (Attach additional sheets if necessary)	AAAE 📂	
In what way do you think you will benefit from being a recipient of this gran	t?	
EMBLOYED DELEACE		
EMPLOYER RELEASE (Attach additional sheets is necessary) The Chapter strongly recommends that the candidate awarded this grant be allowed to utilize this Grant without using personal leave.	For the purpose of classifying the applicant's absence from his normal work location, it is understood that the applicant's attendance at this event will be considered (check one):	
	☐ Work related with time charged in accordance to employer's policies (normal salary/ 8 hour day)	
	□ Vacation	
	□ Personal/comp time□ Leave without pay	
	F -y	
I hereby acknowledge that all the information provided in this application is accurate to the best of my knowledge.	All information on this form is subject to verification by the NEC/AAAE; however, this information is kept confidential for use in the grant selection process only. Failure to provide the requested information may disqualify the applicant.	
APPLICANT'S SIGNATURE DATE	may disquarity the applicant.	
This RELEASE must be signed and witnessed for those applying for	all Grants.	
The selected candidate agrees, as a prior condition to the acceptance of the employee) and the NEC/AAAE from any liability claims that might arise from	NEC/AAAE award, to release the (Official name of airport, if an airport the acceptance of this Award.	
APPLICANT'S SIGNATURE DATE	WITNESS' SIGNATURE DATE	

WITNESS' PRINTED NAME

APPLICANT'S PRINTED NAME