



GREAT LAKES CHAPTER □ AMERICAN ASSOCIATION OF AIRPORT EXECUTIVES

Professional Development Assistance Delegate-Member Application

Instructions: You must be a current member of GLC-AAAE and employed by an airport at the time of submitting the application and receiving the reward. Any requests for reimbursement may be submitted with this application if the AAAE event occurred within the preceding 12 months. Candidates can receive reimbursement 12 months past an award date or 12 months prior to the next award date. Reimbursements will be awarded to members upon confirmation of successful completion of an examination program or conference attendance. The information presented on this application will determine your eligibility for this assistance and will also be used as a basis for your ranking. For this reason, it is important that you answer all questions completely, attach your autobiography, a statement of interest and any attachments you believe is pertinent. If you need additional room to respond to any questions, please attach a sheet.

If you have any questions please contact Tom Stastny at 773-838-0686 or by emailing tstastny@cityofchicago.org Applications must be received at the following address by **June 30, 2010:**

Thomas Stastny A.A.E.
Professional Development Committee
Chicago Midway International Airport
Department of Aviation
5757 S. Cicero Avenue
Chicago, IL 60638

First Name _____ **Last Name** _____

FOR PROFESSIONAL DEVELOPMENT COMMITTEE USE ONLY

DATE RECEIVED	RANK	COMMITTEE MEMBER'S NAME
COMMENTS/ AND NOTICE SENT		

PRINT IN YOUR COMPLETED RESPONSE AND SUBMIT BY EMAIL OR REGULAR MAIL.

LAST NAME		FIRST NAME			
MAILING ADDRESS		APT	CITY	STATE	ZIP CODE
TELEPHONE	FAX		EMAIL ADDRESS		
EMPLOYER		TITLE		YEARS OF SERVICE	
1. DATE OF CONTINUOUS AAAE MEMBERSHIP		NAME OF EVENT YOU INTEND ON APPLYING THIS ASSISTANCE TO			
2. DATE OF CONTINUOUS GLC MEMBERSHIP					
SELECT THE TYPE OF ASSISTANCE YOU ARE APPLYING FOR:					
<input type="checkbox"/> NATIONAL MEMBERSHIP DUES		<input type="checkbox"/> CONFERENCE/TRAVEL FOR FINAL INTERVIEW			
<input type="checkbox"/> CONFERENCE & CEH/CEU		<input type="checkbox"/> EXECUTIVE EXCHANGE / MENTOR PROGRAM			
<input type="checkbox"/> SCHOLASTIC SCHOLARSHIP		<input type="checkbox"/> OTHER			
AMOUNT OF ASSISTANCE REQUESTED: (\$1,500.00 Maximum)				\$	
LIST ALL YOUR PAST PDC ASSISTANCE AWARDS:					

EDUCATION

NAME OF INSTITUTION	DATES OF ATTENDANCE	DEGREE OBTAINED / EXPECTED TO RECEIVE

- Does your employer provide you with financial support for continued education opportunities (conferences, training courses, and/or higher education courses) offered by:
 - AAAE? Yes _____ No _____ If yes, what is the budgeted amount? _____
 - Other recognized learning institutions? Yes _____ No _____
If yes, what is the budgeted amount? _____
- Does your employer pay for your travel expenses associated with attending conferences within:
 - Your own State? Yes _____ No _____
 - Out-of-State? Yes _____ No _____
 - Conference registration fee? Yes _____ No _____

3. If you are awarded assistance, what expenses will your employer pay for if the cost to attend is greater than the assistance available?

_____ Transportation _____ Meals _____ Registration _____ Other, please list _____

_____ None, how will the extra expenses be paid? _____

4. Have you ever participated in the event for which you are applying for assistance?

Yes_____ No_____ N/A _____

A) If yes, what was your role the last time you attended this event?

Attendee _____

Speaker/Presenter _____

Board Member _____

Student _____

Other _____ , Please explain: _____

B) If yes, when was the last time you attended this event? _____

C) If yes, how was your travel to the event financed?

Please attach the following:

1. An autobiography not to exceed one page.
2. A statement of your interest in the event and benefits you expect to receive and contribute to your organization. Please limit to one page.
3. A most recent copy of academic transcript if scholastic assistance is requested.
4. All receipts and pertinent documents must be submitted with this application if you are requesting reimbursement for an AAEE airport conference or workshop occurring within the preceding 12 months of this application date.
5. As a condition of your financial assistance, you may be asked to write a one page report on your event or experience relating to your request.

Applicant's Signature

Date