



**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 and attach your autobiography and your statement of interest in the program or event. You may attach a resume or any additional information 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](mailto:tstastny@cityofchicago.org) Applications must be received at the following address by **June 30, 2009:**

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		

**TYPE OR PRINT IN INK**

LAST NAME		FIRST NAME			
MAILING ADDRESS		APT	CITY	STATE	ZIP CODE
TELEPHONE	FAX		EMAIL ADDRESS		
EMPLOYER		TITLE		YEARS OF SERVICE	
DATE OF GLC-AAAEE MEMBERSHIP		NAME OF EVENT YOU INTEND ON APPLYING THIS ASSISTANCE TO			
SELECT THE TYPE OF ASSISTANCE YOUR 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)			\$ _____		

**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:
  - AAAEE? 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 AAE airport conference or workshop occurring within the preceding 12 months of this application date.

If selected, you may be asked to write a one page report on the event as it relates to your interests on this application. Is this acceptable as a condition of receiving assistance? \_\_\_\_\_Yes    \_\_\_\_\_No

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date