



**GREAT LAKES CHAPTER □ AMERICAN ASSOCIATION OF AIRPORT EXECUTIVES**

## Professional Development Assistance Chapter Member Application

**Instructions:** You must be an active member in good standing of the Great Lakes Chapter (GLC) for a period of at least 12 months to apply for this program. Reimbursements will be awarded to members upon confirmation of successful completion of an examination program or conference attendance. Candidates can apply to receive reimbursement for an eligible expense within the preceding 12 months or within the upcoming 12 months.

The information presented on this application will determine your eligibility for 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 other attachments you believe are pertinent. If you need additional room to respond to any questions, please attach a separate sheet(s).

If you have any questions, please contact Mark Miller at 612-726-5111, or via e-mail at [Mark.Miller@mspmact.org](mailto:Mark.Miller@mspmact.org). Applications must be received at the following address, or via e-mail, by July 15, 2018:

Mark Miller  
Minneapolis-St. Paul International Airport  
Metropolitan Airports Commission  
4300 Glumack Drive, Suite LT-3000  
St. Paul, MN 55111  
[Mark.Miller@mspmact.org](mailto:Mark.Miller@mspmact.org)

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

### FOR PROFESSIONAL DEVELOPMENT COMMITTEE USE ONLY

DATE RECEIVED	RANK/SCORE	COMMITTEE MEMBER'S NAME
COMMENTS		

LAST NAME		FIRST NAME			
MAILING ADDRESS		APT	CITY	STATE	ZIP CODE
TELEPHONE	FAX		EMAIL ADDRESS		
EMPLOYER		TITLE		YEARS OF SERVICE	
HOW LONG HAVE YOU BEEN A MEMBER OF AAAE?		NAME OF EVENT YOU INTEND ON APPLYING THIS ASSISTANCE TO			
HOW LONG HAVE YOU BEEN A MEMBER OF GLC?					
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)			\$		

**EDUCATION**

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

1. Does your employer provide you with financial support for continued education opportunities (conferences, training courses, and/or higher education courses) offered by:

A) AAAE? Yes \_\_\_ No \_\_\_ If yes, what is the budgeted amount? \_\_\_\_\_

B) Other recognized learning institutions? Yes \_\_\_ No \_\_\_

If yes, what is the budgeted amount? \_\_\_\_\_

2. Does your employer pay for your expenses associated with attending conferences within:

A) Your own State? Yes \_\_\_ No \_\_\_      B) Out-of-State? 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?

\_\_\_\_\_

5. Have you received an award from the Professional Development Committee in the past?

If yes, please provide the year(s) and amount(s) of past awards:

\_\_\_\_\_

**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 AAAE 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