

SOUTH CENTRAL CHAPTER



Dear South Central Chapter Membership,

The Executive Committee would like to inform you of a new **“Professional Development Program”** that the chapter is initiating. This program will combine the existing **“Loretta Scott Accreditation and Certification Academy”** with two new assistance programs, the **“Conference Assistance Program”** and the **“Academic Assistance Program”**. The first of these programs to be rolled out is the “Conference Assistance Program”. This program will provide conference registration and transportation assistance to members of the South Central Chapter for a select group of AAAE sponsored conferences. The conferences and grants available are as follows:

- Annual AAAE Conference & Exhibition - 2 Grants, \$1,500 per grant
- SCC-AAAE Annual Conference - 5 Grants, \$1,000 per grant
- AAAE F Russell Hoyt National Airports Conference - 1 Grant, \$1,500 per grant
- AAAE Non-Hub Airports Conference - 1 Grant - \$1,000 per grant

The Academic Assistance Program is designed to provide up to \$3,000 in assistance to members of SCC-AAAE Student Chapters, who are in their Junior or Senior year, with funds that can be applied to the following:

- AAAE sponsored conference detailed previously
- Scholastic Scholarship
- National Membership Dues
- Intern Scholarships

The Professional Development Program will be administered by the Chapter Professional Development Program Chair, formerly known as the Scholarship Committee Chair. The scope of this program is to not only enrich but to also our the experience of or valued Chapter members. Attached is a copy of the Conference Assistance Application.

Sincerely

Luis Elguezabal

AAAE/SCC President



Professional Development Program

CONFERENCE ASSISTANCE - APPLICATION

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	
DATE OF CONTINUOUS AAAE MEMBERSHIP:			DATE OF CONTINUOUS SCC MEMBERSHIP:		
PROFESSIONAL STATUS: <input type="checkbox"/> - Accredited <input type="checkbox"/> - Certified Member <input type="checkbox"/> - ACE <input type="checkbox"/> - Chapter Member					
SELECT THE TYPE OF ASSISTANCE YOU ARE APPLYING FOR:					
<input type="checkbox"/> - ANNUAL AAAE CONFERENCE & EXHIBITION		<input type="checkbox"/> - AAAS NON-HUB /GA AIRPORTS CONFERENCE			
<input type="checkbox"/> - SCC-AAAE ANNUAL CONFERENCE		<input type="checkbox"/> OTHER			
<input type="checkbox"/> - AAAE F. RUSSELL HOYT NATIONAL AIRPORTS CONFERENCE		<input type="checkbox"/>			
AMOUNT OF ASSISTANCE REQUESTED: (\$1,600.00 Maximum)			\$		

LIST ALL YOUR PAST PDC ASSISTANCE GRANTS:	DATES OF ATTENDANCE IF APPLICABLE:			
<input type="checkbox"/> ANNUAL AAAE CONFERENCE & EXHIBITION				
<input type="checkbox"/> SCC-AAAE ANNUAL CONFERENCE				
<input type="checkbox"/> AAAE F. RUSSELL HOYT NATIONAL AIRPORTS CONFERENCE				
<input type="checkbox"/> AAAS NON-HUB /GA AIRPORTS CONFERENCE				
<input type="checkbox"/> OTHER				

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? _____

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

A) Your own State? Yes _____ No _____

B) Out-of-State? Yes _____ No _____

C) Conference registration fee? Yes _____ No _____

2. 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?

Speaker/Presenter Board Member Attendee Student Other

If 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 statement from your employer that they are unwilling or unable to provide financial assistance.
 4. 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.
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Applicant's Signature

Date

Instructions: You must be a current member of SCC-AAAE and employed by an airport at the time of submitting the application and receiving the conference grant. The purpose of this grant assistance is for applicants reimbursement of conference registration and transportation costs if applicable. Reimbursements will be awarded to members upon confirmation of 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. All applications should be received no later than “30 days” prior to the conference date for processing and review.

If you have any questions please contact Jerry D. Watson at 512.530.5539 or by emailing jerry.watson@ci.austin.tx.us. Applications must be received at the following address by the deadline date indicated for the conference applied for.

Jerry D Watson A.A.E., ACE
 Professional Development Committee
 Austin-Bergstrom International Airport
 Department of Aviation
 3600 Presidential Blvd., Suite 411
 Austin, TX 78719

First Name _____ **Last Name** _____

FOR PROFESSIONAL DEVELOPMENT COMMITTEE USE ONLY		
DATE RECEIVED	RANK	COMMITTEE MEMBER'S NAME
COMMENTS/ AND NOTICE SENT		