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## PROFESSIONAL AND STUDENT ENRICHMENT ASSISTANCE APPLICATION

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Men In Leisure Services (M.I.L.S.) recognizes the value in career advancement for professionals and students in the leisure service field. In an effort to assist you in achieving some of your professional goals, M.I.L.S. has developed the Professional and Student Enrichment Assistance Fund. The following information and guidelines will be used to award financial assistance to applicants.

- All applicants requesting financial assistance will be required to submit a completed *Professional and Student Enrichment Assistance Application* to Men In Leisure Services.
- Applications will be accepted throughout the calendar year and will be reviewed and approved based on availability of funds.
- The Professional and Student Enrichment Assistance Fund is funded by charitable contributions and fundraising programs. Funds and the number of applicants awarded maybe limited and are at the discretion of the M.I.L.S. Board of Directors.
- Funds may be based on the following, but not limited to:
  - Demonstrated financial need
  - Professional Enrichment
  - Agency support/budget
  - History and active involvement with M.I.L.S.
- MILS will register and pay all scholarship recipients for trainings and certifications. In the situation where this is not allowed, applicant must provide proof of registration and payment prior to being reimbursed.
- Verification of any statements made as part of the assistance application may be required.
- If not a member of MILS, this form will act as a membership form.

For additional information please contact Ian Kokot, Enrichment and Scholarship Chair at [ikokot@sogate.org](mailto:ikokot@sogate.org) or (323) 563-5755.



**PROFESSIONAL AND STUDENT ENRICHMENT ASSISTANCE APPLICATION**

Name:		
Agency:		
Job Title:		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Cell Phone:	Work Phone:	
Email:		
What area of assistance are you applying for? <input type="checkbox"/> Certification <input type="checkbox"/> Training <input type="checkbox"/> Education Please indicate college name, training certificate, etc.:		
Please indicate dollar amount you are requesting assistance for:		
Is any of the criteria above budgeted by your employer: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the subject of assistance required by your employer: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please give a explanation of why you are requesting assistance and how this will enrich your career (attach additional pages if needed):		
Please provide the name and phone number of at least one personal and one professional reference who can verify your request:		
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
The information I have provided on this form is correct, and I agree to provide additional documentation to verify financial need if desired.		
Signature:		Date:

**OFFICE USE ONLY**

Received by:	Date:	Interviewed by:	Date:
Notes:			
<input type="checkbox"/> Accepted	<input type="checkbox"/> Declined	Approved amount:	