## FELLOWSHIP GRANT PROGRAM

The Los Angeles Society for Coatings Technology offers Fellowship Grants up to \$500 per event to LASCT members in the coating industry. The objective of this program is to encourage further academic training for those who would like to advance their current career's by obtaining further knowledge. Please note the following:

- 1. Fellowship Grant candidates must reside in or work within the boundaries of the LASCT. Those individuals who are in between jobs for unforeseen circumstances can also apply.
- 2. Applicants shall be pursuing further knowledge in coatings technology by means of a short course, seminar (webinar), symposium, or University course.
- 3. The course of study shall include areas of chemistry, design of experiments, environmental science, computer, or other technical tools that pertain to the coating industry.
- 4. Applicants shall meet the criteria of having at least 1 year as an LASCT member.
- 5. Two Fellowship Grants up to \$500 maximum will be awarded on a quarterly basis January, April, July, and October.
- 6. In the case of multiple applicants, the priority for the two recipients per quarter will consist on the following:
  - a. Years of LASCT membership.
  - b. Years of service to the LASCT as committee member.
- 7. Multiple grants can be applied for in one year.
- 8. Applications shall be submitted to the LASCT BOD, by the first day of the prior month. For example, to be eligible for one of the two the January grants, the application must be submitted by December 1<sup>st</sup>.
- 9. Applicants shall provide the required amount of funds, proof of registration, and the exact name of the entity the funds should be made payable to.
- 10. Please send all submittals and questions to lasct@earthlink.net

Thank You on behave of the LASCT

## **LASCT FELLOWSHIP APPLICATION**

Please Print				
NAME				
First	M	iddle	La	st
ADDRESS				
CITY			STATE	ZIP
PHONE			_	
YEARS AS LASCT	MEMBER:	_ YEARS OF S	ERVICE ON I	LASCT COMMITTEE:
COMMITTEE(S) MI	EMBER OF:			
COMPANY		P(	OSITION	
ADDRESS				
CITY		ST	TATE	ZIP
PHONE		F <i>A</i>	ΛX	
CLASS OR SEMINA	AR TO BE ATTEND	)ED:		
SCHOOL OR FACII	LITATOR:			
Date(s)			Cost:	
	Attach itemized	d detail. Original	receipts requir	ed.
REASON FOR TAI	KING COURSE			
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Please be sure to provide proof of registration and the exact name of the entity for funds to be dispersed to.