Code Administrators Association of Kentucky

GRANT APPLICATION
ICC CONFERENCE/SEMINAR

MEMBER NAME: _____
LAST FIRST MI

TITLE: _____ CAAK MEMBERSHIP #: _____

WORK ADDRESS: _____NUMBER and STREET

_____
city state zip

WORK PHONE: (_____)_____ FAX: (_____)_____

SEMINAR/CONFERENCE SPONSOR: _____

SEMINAR/CONFERENCE LOCATION: _____ DATES: _____

PERSONAL OBJECTIVES:
Attendance at this seminar/conference will further my professional goals for the following reasons:

_____

_____

_____

_____

_____

_____ _____
Applicant's Signature Date

CERTIICATION OF SUPERVISOR: I certify that this municipality will either be unable to support full funding or can support only partial funding in the amount of $_____ for the above named employee to attend the above referenced training conference/seminar. Baring unforeseen circumstances, the above named employee is authorized to attend the seminar/conference named above.

_____
Title

_____
Signature

_____
Date

Send completed Application to:

Mr. Ronald J. Dill
Building Services Director
City of Fort Thomas
130 N. Fort Thomas Avenue
Fort Thomas, KY 41075