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**2019 ASPIRE STIPEND APPLICATION**

**NOTE: Georgia DECA Chapters may SUBMIT a maximum of 2 applications BY MARCH 15, 2019 and MUST BE A FOUNDATION MEMBER($25 Minimum) for consideration of any application.**

The ASPIRE STIPEND is based on true financial need and is available to ICDC competition qualifiers who desire to compete at the International Career & Development Conference(ICDC).

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP Code:\_\_\_\_\_\_

DECA Chapter:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DECA Advisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advisor E-Mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list CDC event won, position, and planned ICDC Event participation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ Grade Level:\_\_\_\_ Future Career Plans\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attach additional pages as follows:

1. A description of your Georgia DECA experience…achievements, activities, and awards.
2. Your future plans, how ICDC attendance will impact them, and why you are applying for our “needs-based” stipend. –MAXIMUM 500 WORDS
3. Attach a signed recommendation letter from your Georgia DECA advisor verifying need.

**It is understood that as an applicant for the Georgia DECA Foundation Aspire Stipend, there is a legitimate need which would prevent ICDC participation and that any stipend awarded, will be used to defray ICDC expenses.**

**MAIL TO: Georgia DECA Foundation, 1150 Great Oaks Drive, Lawrenceville, GA 30045**

APPLICANT SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADVISOR SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_