



2020 ASPIRE STIPEND APPLICATION

Georgia DECA Chapters may **SUBMIT** a maximum of **2** applications by **MARCH 16, 2020** and **MUST BE A FOUNDATION MEMBER(\$30 Minimum)** for consideration of any application. Stipends will be awarded by **April 1, 2020**.

Name: _____ E-Mail: _____

Address: _____ City: _____ ZIP Code: _____

DECA Chapter: _____ DECA Advisor _____

Advisor Phone: _____ Advisor E-Mail _____

Cumulative GPA: _____ Grade Level: _____

PLEASE NOTE: ICDC ACADEMY ATTENDEES ARE NOT ELIGIBLE FOR ASPIRE STIPENDS.

The ASPIRE STIPEND is based on true financial need and is available to ICDC COMPETITIVE EVENT QUALIFIERS who desire to compete at the International Career & Development Conference(ICDC). Please list CDC event won, position, and planned ICDC Event participation:

CDC _____ ICDC _____

Attach additional pages as follows:

1. A description of your Georgia DECA experience and its impact on you.
2. Your future plans and how ICDC attendance will impact them. –MAXIMUM 250 WORDS
3. Why you are applying for our “needs-based” ASPIRE stipend—250 WORDS MAX
4. Attach a signed recommendation letter validating need from your Georgia DECA advisor.

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 my ICDC expenses.

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

APPLICANT SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ ADVISOR SIGNATURE _____