



INTERNATIONAL
SPECIAL EVENTS SOCIETY
LAS VEGAS CHAPTER

ISES Las Vegas Membership Grant

Application

Full Legal Name	<i>Last Name (please print)</i>	<i>First Name</i>	<i>Middle Name</i>	
Permanent Address	<i>Number/Street</i>	<i>City</i>	<i>State/Country</i>	<i>Zip Code</i>
E-mail Address				
Business Address	<i>Number/Street</i>	<i>City</i>	<i>State/Country</i>	<i>Zip Code</i>
Position				

Explanation of Grant

Briefly explain how the grant funds will be used.

Certification – To Be Signed By All Applicants

I have read and understand the enclosed information. I affirm that the information which I have provided on this application form and any additional material that I submit related to the scholarship application is complete, accurate, and true to the best of my knowledge. I hereby authorize ISES Las Vegas to release the membership grant application information, provided by me, for the purpose of providing information to a committee of ISES Las Vegas members concerning my eligibility as a membership grant recipient. I also understand that furnishing false information may result in revocation of the grant, should I receive the ISES Las Vegas Membership Grant.

Applicant's Signature Date