



ACCO Scholarship Application

Please execute the following application form and submit your complete application at:
<https://community.accoonline.org/page/scholarship-application>

About the Applicant:

First Name	Last Name	Gender	Ethnicity
Employer <i>(if self-employed or unemployed, state so here)</i>	Professional Title <i>(if a full-time student, enter student)</i>	If you are a student, please indicate the program & institution in which enrolled:	
Your City of Residence	Your State/Province of Residence	Your Country of Residence	
Your E-mail Address	Your Phone Number	Best Time to Call	
Give a brief explanation of the reasons you are applying for this scholarship?			Which ACCO training program would you like to attend?
Please indicate 2-3 ways you plan to use this training program.			
1			
2			
3			

References:

ACCO requests that all applicants provide two references. Employed professionals should use at least one current co-worker. Students should use at least one professor. ACCO reserves the right to contact references in reviewing and considering scholarship applications.

Reference #1			
First Name	Last Name	Employer	Title
Nature of Reference <i>(professional, academic or personal)</i>		Reference's E-mail Address	Reference's Phone Number

Reference #2			
First Name	Last Name	Employer	Title
Nature of Reference <i>(professional, academic or personal)</i>		Reference's E-mail Address	Reference's Phone Number

The above information is true and accurate and is being submitted in support of my Scholarship Application to an ACCO Training Program:

Your Full Name: _____ Today's Date: _____ Signature: _____