WIGCOT Patrick J. Reinsma Scholarship Application

The purpose of the scholarship grant is to assist an individual in the tourism industry with the opportunity to attend the Wisconsin Governor's Conference on Tourism and who would be unable to attend due to financial restrictions.

Scholarship grants are available for new tourism professionals that complete the application process and meet all of the following criteria:

- Associated with the tourism industry, with less than two years in a professional tourism position, including board of directors, staff, volunteers and students.
- Applicants must be from the 18 counties defined as the Southwest Regional Tourism Specialist region as it was defined during Patrick's tenure: Adams, Columbia, Crawford, Dane, Grant, Green, Green Lake, Iowa, Juneau, La Crosse, Lafayette, Marquette, Monroe, Richland, Rock, Sauk, Vernon, and Waushara.
- Must submit a letter of reference with contact information.
- Applications must be submitted by February 14, 2020, and will be announced by March 2, 2020.

Deadline: Completed applications must be received by February 14, 2020 to:

Robert Moses, President/CEO
Prairie du Chien Area Chamber of Commerce
211 S. Main Street
Prairie du Chien, WI 53821

Please print or type. Attach additional sheets, as needed.

Name: _____________________________________________________________

Title: ______________________________________________________________

Organization/Employer/School: _______________________________________

Address: ___________________________________________________________

City: __________________________ State: _______ Zip Code: ______________

Email: ______________________@___________ Phone: ____________________

Home Address: ___________________________________ City: __________ State: ___ Zip: ________

Have you already registered for this conference?  ☐ Yes  ☐ No  If yes, confirmation #: ____________
Please give a brief description of your career in tourism: ____________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

Please state briefly your need for financial assistance: ________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

Applicant’s signature: _____________________________________________ Date: ________________

*** The following section MUST be completed by your employer/college advisor/tourism executive ***

Employer / Tourism Executive’s Comments:

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

Employer / Tourism Executive’s Signature _____________________________________________ Date ________________

Eligible Expenses, Maximum Grant Amount & Local Match Requirements:

- Registration fees, lodging, and meals are the only expenses eligible for the scholarship program.
- The maximum scholarship amount you can apply for is $600.00.
- Travel expenses (Transportation, mileage, fuel, etc.) are not allowable costs and are considered the applicant's local match for the scholarship grant. The nominating organization or recipient will be responsible to provide a local match amount on your reimbursement request (which can include your travel expenses).
- The recipient must attend the complete duration of the conference.
- The recipient is responsible for registering for the Tourism Conference and reservations for lodging
- The recipient is expected to provide the conference registration number to the SWCA before scholarship is awarded.
- If for some reason the recipient is unable to attend the conference, the funds will remain in the scholarship program.

FOR OFFICE USE ONLY
Date received: __________ Date approved: __________ Amt. approved: __________ Approved by: __________
Comments: ________________________________________________________________________________