**(***Please type in your response next to each item and send it to President via e-mail at* Joni Pirnot **)**

**Name:** **College:**

Years of experience teaching at current college:

Are you a FTYCMA member? [ ]  Yes [ ]  No

If Yes, please choose [ ]  Annual member [ ]  Lifetime member

Are you a member of AMATYC? [ ]  Yes [ ]  No

Have you attended an AMATYC Conference before? [ ]  Yes [ ]  No

If yes, state how many conferences:

The affiliate scholarship **only** covers the **early registration fee** for members of AMATYC as well as FTYCMA to attend the AMATYC Conference. Access members are not permitted to receive this scholarship since their registration fee is covered by AMATYC. This scholarship does **not** provide any funding for travel, lodging, meals, or other expenses. This scholarship does **not** provide any funding towards any membership fee for AMATYC. Understanding the limitation of this scholarship, if you were selected, would you be able to attend the AMATYC Conference? [ ]  Yes [ ]  No

This scholarship gives preference to applicants who can serve as a delegate for FTYCMA, which is scheduled from 3:30 – 6 PM Saturday afternoon. Would you be able to serve as a delegate for FTYCMA? [ ]  Yes [ ]  No

Please state a few ways that the AMATYC Conference would benefit you professionally or your institution/department.

Please state what you hope to learn from the AMATYC Conference.

Please state any additional information you would like the FTYCMA board to consider.

The deadline for e-mailing this completed document is*Wednesday,**September 1, 2021* toJoni Pirnot .