

FLOAT 2017
Betallic Educational Scholarship Application

Name _____ Business Name _____

Address _____ City/Province _____

State _____ Postal/ZIP Code _____ E-mail _____

Year Business Founded _____ Business Phone _____

Number of full-time employees _____ Number of part-time employees _____

Services offered

Professional affiliations/certifications

What educational events have you previously attended? Give years of attendance.

Please elaborate on additional pages, if needed.

Describe what skills you want to learn from FLOAT 2017.

Describe how you plan to implement the training in your business.

What type of business growth do you anticipate based on the training you will receive?

What other information do you feel is relevant as we consider you for this scholarship?

Legal Agreement

Scholarship applications will not be returned to candidates. Scholarship award is made solely at the discretion of the scholarship board. Scholarship award is made to the recipient alone and may not be transferred to anyone else or used for any other event. In the event that a scholarship recipient cannot attend FLOAT 2017, no monies will be given to the recipient in lieu of anticipated event expenses. Betallic LLC and its agents are not liable for any legal actions that arise as a result of a recipient's attendance at FLOAT 2017. Acceptance of the scholarship implies consent for Betallic LLC to publish and promote the recipient's name and likeness in any and all relevant publicity materials.

By signing my name, I agree to be bound by the terms of the legal agreement, and I attest that all information on this application is true and accurate to the best of my knowledge.

Signed _____ Dated _____

Please email your application to:
scholarship@betallic.com