



16TH ANNUAL TEXAS COMMUNITY
DEVELOPMENT CONFERENCE

AUSTIN – MARCH 16-18, 2009

WACHOVIA FOUNDATION COMMUNITY DEVELOPMENT CONFERENCE SCHOLARSHIP

WACHOVIA Foundation has generously provided funding for 25 scholarship opportunities to build your organizations capacity. Scholarships cover registration, hotel, training and travel (total benefit of \$600.00).

These scholarships are open to staff, volunteers, and board members of TACDC member organizations—provided on a first-come, first serve basis*.

All TACDC non-profit members who are registered for the conference and submit this application **by February 13, 2009** are eligible for the Wachovia Scholarship (total benefit of \$600.00).

For application, visit www.tacdc.org/documents/FORMS_WachoviaScholarship.pdf, or call (512) 916-0508 for a faxed copy.

Deadline to apply is no later than 4 PM Friday, February 13, 2009.

About the Scholarship

The **Full** Wachovia Scholarship includes:

- ★ Conference & Training Registration (must be registered by February 13, 2009)
- ★ 2 Hotel Room Nights (applicable tax included, Monday and Tuesday nights)
- ★ Travel Assistance Funds of \$75 paid directly to you upon arrival

Applicants must agree to be available to—

1. Volunteer as:
 - (a) Registration Assistant
 - (b) Usher / Breakout Monitor / Set-up Assistant
 - (c) Ticket Distributor
 - (d) Photographer
2. Be a "Captain" for the Capitol Tour
3. Attend all plenary sessions.

Remember, Deadline to apply is no later than 4 PM Friday, February 13, 2009.

*Five Scholarships are exclusively for members who are otherwise not able to send someone; without the funding assistance. For all others, we prefer the grant for additional attendees. Receipt of this scholarship is in lieu of any previous discounts. Reimbursement will occur at check-in. Checks will be made out to the member organization.



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Please complete and return this application no later than 4 PM Friday, February 13, 2009.

Scholarship Application

Name (Last): _____ (First): _____

Title: _____

Organization: _____

Address: _____

City, State, Zip: _____

Phone: () _____ Fax: () _____

E-mail: _____

Annual Operating Budget: _____

How many full-time staff do you have: _____

Agency Primary Service Area(s): _____

Agency Primary Service(s) Offered: _____

Are you a member of TACDC? Yes No

Check here if you will join TACDC today, in order to take advantage of the Member rate for the conference. Visit www.tacdc.org, for our membership application.

If you are applying to be a member, membership application must be received prior to being considered.

Please answer the following brief question. Use additional space as needed.

How will attending this conference benefit your organization?