## **United Council on Welfare Fraud**

Application for UCOWF Continuing Education Sponsorship

ALL applications must be submitted by February 1st for consideration at the Mid-Year Board Meeting
Name:
Agency:
Address:
City/ST/Zip:
Phone:
Job Title:
Email:
*Supervisor: *Supervisor's Email:
* Important: You have discussed this sponsorship with your supervisor and if selected you will be permitted to attend: ☐ Yes ☐ No
Have you been in your current job field for 2 years or more? ☐ Yes ☐ No
Are you a current UCOWF Member? ☐ Yes ☐ No
Are you a current CWFI Member? □ Yes □ No
Have you ever attended a UCOWF Training Conference? ☐ Yes ☐ No
On the next page, please provide a brief essay (200 words or less) explaining why you feel you should be awarded this sponsorship and how it will improve your job performance.
Save this document to your computer, complete it and by <u>February 1st</u> , email your completed application to <u>ucowfmail@gmail.com</u> .
$\hfill \square$ You have been approved for reimbursement upon satisfactory completion of your course or training.
☐ Your application for sponsorship was not approved for the following reason(s):
UCOWF Board of Directors by: Date:

## **ESSAY**