

2024 Heartland EDC Scholarship Application

YOU MUST REGISTER FOR HEARTLAND EDC BEFORE SUBMITTING THIS SCHOLARSHIP APPLICATION TO MEDC.

Name: _____

Organization: _____

Street Address or P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

General Information - If you need more space, please attach additional sheet(s).

Name of economic development organization employed by: _____

Length of Employment with current organization? ____ (yrs) Length of employment in economic development? ____ (yrs)

Current Organization's Annual Budget. \$ _____ Population of area served by organization: _____

Background and experience in economic development prior to current position: _____

What economic development conferences or courses have you attended during the past 12 months? _____

Briefly describe your economic development career plan(s): _____

Why do you want to attend the Heartland Economic Development Course? _____

Important Note: In order to be eligible for the Heartland EDC Scholarship Application, you must be a current Full Member of the Missouri Economic Development Council (MEDC).

Applicants Signature: _____ Date: _____

Please email completed application form to: Brandon Atchison, Executive Director, at brandon.atchison@showme.org.

Questions: Contact Brandon Atchison at 573-552-5622