

## ILAM Scholarship Application Instructions

# INSTITUTE FOR LABORATORY ANIMAL MANAGEMENT SCHOLARSHIP

(Funded by the LAMA Foundation)

### INSTITUTE FOR LABORATORY ANIMAL MANAGEMENT (ILAM)

- Two-Phase Program (5 days each year)
- Unique Senior-Level College Course
- Held Annually in the Spring
- This award was established to assist the recipient in attending the ILAM program by providing a stipend to help defray the tuition cost to attend the program. The amount of the stipend will cover the cost of registration and course material.

## Application Deadline – A Minimum of Two Months Prior to the Registration Deadline for Potential ILAM Candidates

*Selection of the scholarship recipient is based on merit.*

*Selection criteria include, but not limited to:*

**Job Performance**

**Academic Achievement**

**Professional Involvement and Contribution**

**Supervisory Experience in Laboratory Animal Sciences**

**Advancement Potential**

**Financial Need**

*\*Applications will be evaluated and a selection made by the LAMA Foundation at the next scheduled meeting following receipt of the application(s).*

Send application materials to:

LAMA  
C/O Jim Manke, CAE  
7500 Flying Cloud Dr., Suite 900  
Eden Prairie, MN 55344  
Phone: 952-835-4180  
Fax: 952-835-4774

E-Mail: [jrmanke@associationsolutionsinc.com](mailto:jrmanke@associationsolutionsinc.com)

**Attachment I**

**ILAM Scholarship Application**

**ILAM SCHOLARSHIP APPLICATION FORM**  
*(Funded by the LAMA Foundation)*  
**GENERAL INFORMATION**

Please Print or type Date: \_\_\_\_\_

**Full Name:** \_\_\_\_\_

**Position Title:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Full-Time? Yes: \_\_\_ No: \_**

**Organization/Institution:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

\_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Number of employees under your direct supervision:** \_\_\_\_\_

**Annual operating budget under your supervision:** \_\_\_\_\_

**Total annual operating budget of your department:** \_\_\_\_\_

**Name and Title of your immediate supervisor:** \_\_\_\_\_

**Attachment I**  
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**REFERENCES**

I have requested that the three persons listed below (none of whom is my supervisor) submit confidential letters of support for this application directly to the Chair: LAMA Foundation Committee.

Name: \_\_\_\_\_  
Position Title: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

Name: \_\_\_\_\_  
Position Title: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

Name: \_\_\_\_\_  
Position Title: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

**Letter of Request:** The letter should state why you would like to attend the ILAM program. This should include your goals and objectives you wish to achieve, and justification for requesting financial assistance.

**Curriculum Vitae:** Please include your most recent curriculum vitae.  
I have made arrangements with my current employer so that I may attend **Year** ILAM program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Deadline for application and all supporting documentation is a minimum of two months prior to ILAM registration deadline for candidates.**

**Send to:**

**LAMA**  
**C/O Jim Manke, CAE**  
**7500 Flying Cloud Dr., Suite 900**  
**Eden Prairie, MN 55344**  
**Phone: 952-835-4180**  
**Fax: 952-835-4774**

**E-Mail: [jrmanke@associationsolutionsinc.com](mailto:jrmanke@associationsolutionsinc.com)**