

**(EDI) Economic Development Institute - University of Oklahoma  
SCHOLARSHIP APPLICATION**

IN HONOR OF SLOAN W. GABLE



Applicant must have completed two years of economic development work; must be a member of SCEDA for one year; must be a resident of and work in South Carolina; must have completed a basic economic development program accredited by International Economic Development Council (IEDC); must be willing to complete 3-year course and remain in economic development profession. SCEDA will pay up to the following amounts for registration, transportation, lodging and meals while attending - Year 1: \$2,000; Year 2: \$2,000; Year 3: \$2,000.

**RETURN BY MARCH 15, 2024**

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Company: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Are you a current member of SCEDA? \_\_\_\_\_ Date Joined: \_\_\_\_\_

List active memberships in economic development organizations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List memberships in other professional or civic organizations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate reason for need of scholarship: \_\_\_\_\_  
\_\_\_\_\_

**INFORMATION ABOUT CURRENT POSITION**

(complete form below and attach resume for more detailed information)

Description of Present Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What percentage of your time during the last year spent in economic development activity? \_\_\_\_\_

Number of years employed in economic development work? \_\_\_\_\_

## **EMPLOYMENT RECORD**

(please list last three positions held)

Dates                      Title or Position                      Company                      City, State                      Industry Type

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## **EDUCATION INFORMATION**

(please attach additional sheets for more information if needed)

College (undergraduate)                      Degree                      Years Attended

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Graduate or Special Schools                      Degree                      Years Attended

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Professional Honors and Achievements : \_\_\_\_\_

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What benefits do you hope to derive from attending EDI? \_\_\_\_\_

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I commit to completing the EDI Course    \_\_\_\_\_ Yes    \_\_\_\_\_ No

Signature (Applicant): \_\_\_\_\_ Date: \_\_\_\_\_

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## **IMPORTANT INFORMATION:**

- Submit scholarship application and all supporting documents in one PDF with the file name of "your name - EDI Scholarship Application 2024" to [info@sceda.org](mailto:info@sceda.org).
- SCEDA Scholarship Committee along with the SCEDA Board will make annual determination for continued eligibility.
- The course is conducted at the University of Oklahoma.
- Recipient must attend the first year of EDI within a year of being awarded the scholarship.

### **SCHOLARSHIP APPLICATION DEADLINE:**

**MARCH 15, 2024**

Questions: Please call (803) 929-0305.

Incomplete applications will not be considered.

