



MISSOURI ECONOMIC
DEVELOPMENT COUNCIL

HEARTLAND ECONOMIC DEVELOPMENT COURSE SCHOLARSHIP APPLICATION

Applicant Name: _____

Company or Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Length of employment with current organization: _____

Length of employment in economic development: _____

Current Organization's Annual Budget: _____

List other economic development professional development courses you
have taken: _____

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

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

Applicant's Signature: _____ Date: _____

Please submit this application to: jimfram@showme.org