**THE INSTITUTE OF INTERNAL AUDITORS**

**IIA Wichita Chapter**

The Institute of Internal Auditors (IIA) is a global professional organization whose purpose is to promote the practice of internal auditing. This is accomplished through training and development programs, certification programs, and ongoing development of internal auditing standards and professional practice guidance literature. The local chapter of the IIA is the Wichita Chapter.

The Wichita Chapter’s Board of Governors has created a scholarship program to assist Wichita Chapter members with the payment of the IIA certification fees.

**Scholarship Program**

The Certification Scholarship is granted to individuals who are currently members of The IIA, assigned to the Wichita Chapter, and are responsible for paying for their certification expenses.

**Award Information**

**Scholarship award:** Up to $500 per Scholarship cycle

**Application deadlines:** October 1; December 15; March 15; and May 15. Applications can be submitted beginning September 1st.

**Selection date:** Fifteen calendar days following the application deadline

**Selection criteria:** If more than one application is received by the initial deadline, a random number generator will be used for selection. Awarded fees will be disbursed until the $500 scholarship amount has been depleted. If an applicant previously received a scholarship and other applications have been received, they will automatically be last in line for receipt of the scholarship funds. If funds are still available and multiple applicants previously received funds, a random number generator will be used to award the remaining scholarship funds.

**Scholarship coverage:** The scholarship will be a reimbursement of fees related to obtaining an IIA certification, up to $500.

**Eligible Fee Reimbursement Requirements:**

* Study Materials for the Certification
* Certification Application Fees
* Certification Examination Fees

**Eligibility Requirements:**

* Must be a member of The IIA Wichita Chapter
* Must have attended at least 5 of the most recent 9 Wichita Chapter IIA meetings
* Employer must not cover the expense
* Receipt must be provided
* Approved by The IIA to attain certification

**To be considered for this scholarship:** The individual must submit the application to [chapter142@iiachaptercommunications.org](mailto:chapter142support@iiachaptercommunications.org) by the application deadline. All applicants will receive a formal email of the outcome by the selection date, each year.

Note: This scholarship program has been approved by the Board of Governors of the Wichita Chapter of The IIA. Awarding of this scholarship has been delegated to the Membership Support Committee of the Wichita Chapter of The IIA. If a conflict of interest arises on the Membership Support Committee, an objective member of the Board of Governors will be selected to award the scholarship.

**IIA Wichita Chapter**

**Certification Scholarship Application Form**

**APPLICANT INFORMATION**

**Applicant Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If Retired, Former Employer:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Membership ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IIA Certification are you trying to obtain:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reimbursement Amount Requested:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please attach the following:**

* **Receipts**
* **Proof of eligibility – A screenshot from CCMS proving acceptance will suffice**

**MEMBERSHIP SUPPORT COMMITTEE APPROVAL**

*This portion is to be completed by the Membership Support Committee*

**Member of the Wichita Chapter:** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Meeting Dates Attended of the previous 9 meetings:**

|  |  |  |
| --- | --- | --- |
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|  |  |  |
|  |  |  |

**Amount Eligible for Reimbursement:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**All Necessary Documentation Received:** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Has the recipient previously received an award?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Membership Support Committee Approvers:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Approval:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Discount Code:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_