

THE LABORATORY ANIMAL MANAGEMENT ASSOCIATION FOUNDATION  
APPLICATION INSTRUCTIONS

1. An application packet consists of a completed application form provided by the Trustees, a Letter of Request, a curriculum vitae, and three letters of recommendation.
2. Application packets are sent to the LAMA Executive Director.
3. The completed application packet must be received prior to the indicated deadline.





**THE LABORATORY ANIMAL MANAGEMENT ASSOCIATION  
INSTITUTE FOR LABORATORY ANIMAL MANAGEMENT  
SCHOLARSHIP**

(Funded by the LAMA Foundation)

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**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.

*\*To be eligible for consideration, applicants must be current members of LAMA*

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

*Selection criteria includes, but not be limited to:*

**Job Performance  
Academic Achievement  
Professional Involvement and Contribution  
Management Potential  
Financial Need**

*\*Applications will be evaluated and a selection made by the LAMA.*

**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**

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

**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.

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Signature of Applicant

Date

**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**