



## **ISU Employee Professional Development Scholarship**

**Name:**

**ISU Dept & Phone Number:**

**2026 Semester You Would Like to Attend ISU:      \_\_\_\_ Summer      \_\_\_\_ Fall**

- **Must be an ISU Employee eligible for benefits on March 31, 2026**
- **One entry per person**
- **Entries must be received by 5pm on March 31, 2026.**

**To enter, e-mail the completed form to [lazzola@lookoutcu.com](mailto:lazzola@lookoutcu.com)**