**Korn Ferry Advance Offering**

**Instructions to Applicants:**

Fill out this form completely. One form permitted per course. Submit this form along with supporting documentation to: [VP-Exec@pan-apics.org](mailto:VP-Exec@pan-apics.org).

**Applicant Information**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI: : \_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

APICS Membership ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Work Status**

Unemployed (check applicable): Yes \_\_\_\_\_ No \_\_\_\_\_\_

Furloughed (check applicable): Yes \_\_\_\_\_ No \_\_\_\_\_\_

Other (check applicable): Yes \_\_\_\_\_ No \_\_\_\_\_\_

**Application (check all that apply)**

\_\_\_\_ I am applying for the Korn Ferry Advance program offered by the Philadelphia Area Network Chapter of APICS

\_\_\_\_ I have read and understood the eligibility rules and limitations below

I have attached the following document(s) as proof of my eligibility status:

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Applicant (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant (signed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submission Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program rules and restrictions:

* Scholarships are awarded to members only. You must have an active APICS Membership ID number. Become an APICS member at [www.apics.org](http://www.apics.org). Unemployed members can apply for membership here: <https://www.ascm.org/unemployment-membership/>.
* You must provide documentation verifying your eligibility with your application.
* This offering is non-transferrable, not retroactive, and carries no cash value.
* Approval and final decision is made at the sole discretion of the Executive Vice President