



2021 CSA Professional Development Grant Application

Sponsored by Cloud Security Alliance



Administered by the ISSA Education Foundation

This Grant application and resume must be received from February 1, 2021 through April 30, 2021, for consideration by the Review Committee.

Late or incomplete applications may not be accepted.

Names and photographs of the grant recipients may be published on the ISSA Education Foundation website (issaef.org), in the ISSA Journal and on the Foundation social media pages, as soon as confirmed, following the close of the application submission period and final selection. This scholarship is not meant to replace corporate training allowances.

Professional Development Grant Criteria that will be evaluated includes:

Professional Development Benefit: A personal statement that clearly outlines how the course will benefit you as you transition into information security, or improve your understanding of information security, or advance your career in information security.

Relevant Certifications/Associations: List of memberships in professional organizations or relevant certifications that you currently hold.

Resume: Evaluation of your resume as it relates to the selected course of interest.

Extracurricular Activities Relating to Information Security: List volunteer work, attendance at conferences, presentations, publications, and cybersecurity competitions.

Community Service: List volunteer work in the cybersecurity, information technology field, or other relevant areas.

Personal Information

Last Name (Primary)	
First Name	
Middle Initial	
Street Address	
City	
State	
Country/Zip Code	
Telephone No.	
Cellular Telephone No.	
Primary Email Address	
Alternate Email Address	
Current Employer	
Current Position Title	
Current Job Responsibilities	
Have you been convicted of a felony that involves information or information systems? If so, please explain the crime and adjudication.	<p align="center">No</p> <p align="center">Yes</p> <p align="center">If Yes, Explanation:</p>
Grant Request Reason	<p align="center">Promotion</p> <p align="center">Career Transition</p> <p align="center">Skills Development</p>

Course Information

Title of Course	
Organization Offering the Course	
Course Registration/Information Weblink	
Brief Course Description	
Course Dates (must end no later than Dec 31, 2021)	Begin Date End Date
Course Modality	In Person Online Other
Cost of Course (Minimum cost considered \$250, Maximum funds awarded- \$1,000)	

Professional/Industry Associations and Certifications

<p>If you currently belong to relevant professional or industry associations please list the name of the organization (e.g., ISSA, ISACA, ISC2) as well as your level of affiliation (e.g., Student Member, Trial Member, Life Member).</p>	<p>Organization Name</p> <p>Chapter</p> <p>Membership Type/Level</p> <p>Membership Number</p>
	<p>Organization Name</p> <p>Chapter</p> <p>Membership Type/Level</p> <p>Membership Number</p>
	<p>Certification Name</p> <p>Cert Number</p> <p>Issued by</p>
	<p>Certification Name</p> <p>Cert Number</p> <p>Issued by</p>
<p>If you currently hold any relevant professional certification (e.g. CISSP, CISA, CISM) please list.</p>	

Extracurricular Activities Relating to Information Security: List volunteer work, attendance at conferences, presentations, publications, and cybersecurity competitions.

Relevant Community Service: List volunteer work in the cybersecurity, information technology field, or other relevant areas.

Professional Development Benefits: Outline how this course will assist you in your professional development in Information Security (500 words or less)

Declaration

I affirm that the information supplied by me on this form is complete, true and correct to the best of my knowledge.

I hereby authorize the ISSA Education Foundation to obtain any details regarding of the course I am interested in attending.

I understand that if awarded a grant, I will be required to submit proof of registration in the course within one month of registration, as well as proof of completion of the course within 30 days of the end of the course.

I understand that if awarded a grant, acceptance constitutes permission to use my name and description of my professional development coursework for public relations purposes.

I will provide a hi-resolution photo and a brief quotation to accompany any announcements of the grant award.

I understand that all grant applicants will be screened against the Specially Designated Nationals List (SDN) of the US Department of the Treasury, Office of Foreign Assets Control.

Failure to successfully progress through the designated course requires that I repay some or all of the proceeds of the grant.

I am aware that providing false or misleading information results in the withdrawal of any offer of an award to me.

Applicant Signature (your typed name will be accepted as your valid signature)	Date (MM/DD/YY)

I hereby acknowledge that I have read the above conditions and all information on this application is correct to the best of my knowledge.

Items to Submit:

1. ISSAEF Grant Application (pdf format)
2. Resume/Curriculum Vitae (pdf format)

Completed applications and supporting materials must be submitted in electronic format (pdf) to application@issaef.org or fax them to **1-866-936-5663**.

For questions, please direct them to Lorraine Frost, Chair, ISSAEF Grant Committee, at lfrost@issaef.org