



CROSSSTATE CREDIT UNION  
FOUNDATION  
c/o 4309 North Front Street  
Harrisburg, PA 17110

## PROFESSIONAL DEVELOPMENT GRANT APPLICATION INSTRUCTIONS

Please return the completed application and attachments to: Michael Wishnow  
CrossState Credit Union Foundation,  
4309 North Front Street, Harrisburg, PA 17110 or by email to [mwishnow@crossstate.org](mailto:mwishnow@crossstate.org)  
Questions? Call 800-932-0661, ext. 2213 or email [mwishnow@crossstate.org](mailto:mwishnow@crossstate.org)

This Professional Development grant application may be used for several types of training grants. You may apply for one Professional Development grant per year.

### **Grant Types** (See Section 2)

- Webinars
- CrossState Leadership School
- CUNA Management School
- Other credit union-related training

### **Eligibility**

- Credit unions with assets less than \$30 million in assets may apply on behalf of employees or volunteers serving as board or committee members
- Pennsylvania credit union chapters

### **Application Materials**

- Application from the credit union signed by the CEO (or board chair)
- Or application from the chapter, signed by the Chapter President
- Copy of registration or description of webinar(s)

### **Awards**

- Grants for individual credit union staff or volunteers will cover the cost of registration only. The credit union or individual must pay the remaining costs.
- Chapter grants may be used to offset the costs of training that will be beneficial to credit unions.
- The maximum grant amount of webinars is \$1,000 or the cost of four webinars, whichever is less. Other Professional Development grant awards will not exceed \$2,500.
- A credit union may receive a maximum combined total of \$10,000 in Foundation funding per year across the five grant *Categories* (Financial Literacy, Small Credit Union Assistance, CDFI, Professional Development, Disaster Relief), but may not apply more than once each year per *Grant Type* (refer to Grant Types above).

### **Reporting**

Within 90 days of the completion of the training program, the grantee must submit a summary of the training to the Foundation. The summary should include an overview of the training and the benefit(s) to the credit unions, staff, volunteers, and/or credit union members as a result.

**PROFESSIONAL DEVELOPMENT  
GRANT APPLICATION**

**SECTION 1 – GENERAL INFORMATION**

Name of Credit Union or Chapter \_\_\_\_\_

President/CEO/Manager's Name & Job Title \_\_\_\_\_

Charter # \_\_\_\_\_

Address \_\_\_\_\_

Grant Contact's Name & Job Title \_\_\_\_\_

Grant Contact's Telephone/Extension \_\_\_\_\_

Grant Contact's Email \_\_\_\_\_

Credit Union Applicants: Does this credit union have assets of less than \$30 million? \_\_\_\_\_

Chapter Applicants:

How many meetings does the chapter hold each year? \_\_\_\_\_

What is the average number of meeting attendees? \_\_\_\_\_

**SECTION 2 – TRAINING OR WEBINAR INFORMATION**

What type of grant are you applying for? \_\_\_\_\_

Has your credit union/chapter applied for another Foundation grant this year? \_\_\_\_\_

What is the main goal of this professional development? \_\_\_\_\_

Training starting and ending date(s): \_\_\_\_\_

**TRAINING** - If grant is for training, complete the following.

Name \_\_\_\_\_

Date \_\_\_\_\_

Venue \_\_\_\_\_

Total Cost \_\_\_\_\_

Registration Cost \_\_\_\_\_

Link to training information \_\_\_\_\_

**WEBINARS** - If grant is for webinars, complete the following.

(Maximum of 4 or \$1,000, whichever is less)

Webinar Name	Date	Cost	# Participants
Total Cost			

Note: Webinar grantees are encouraged to request a recording or archived document of the webinar to maximize the educational benefits to a wider audience.

**Section 3 (Credit Unions Only) – ANALYSIS - Your Credit Union’s Financial Condition and Trends**

A. Part 1: Financial Assessment of Credit Union

	YTD Current Year	Prior Year	Two Years Prior
Net Worth Ratio			
ROA			
Delinquency Ratio			
Charge Off Ratio			
Operating Expense/Asset Ratio			
Loan/Asset Ratio			
Loan Growth			
Asset Growth			
Membership Growth			

B. Part 2: If Net Worth Ratio is under 8 and/or ROA is negative for any of the three periods listed above, please explain how this will be addressed. If any other adverse or weak financial ratios or trends are shown, please explain how this grant will benefit your credit union members and positively impact these ratios or trends.

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**Section 4 - PRESIDENT / CEO / MANAGER / SIGNATURE**

Total Grant Request \$ \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**GRANT CHECKLIST:**

- Have you completed all information on this application?
- Have you attached a copy of the registration form or webinar(s) description?
- Has the credit union’s CEO or Chapter President signed this application?
- If applicant is a credit union, have you completed Section 3 – Analysis?