

Tennessee Department of Tourist Development

2025 Governor’s Conference on Hospitality & Tourism

**Rural** Scholarship Application

**\*\*Please TYPE your responses.**

**I have read the Scholarship Overview document and acknowledge that my organization meets the scholarship eligibility requirements.**

**I acknowledge that if I am awarded a scholarship and need to cancel my attendance and/or lodging, TDTD must be notified no later than Friday, September 12. Failure to notify TDTD by this deadline will result in my organization being responsible for any registration/lodging/cancellation fees.**

**SECTION 1 - GENERAL INFORMATION *(all fields required)*:**

**Organization name:**

**County:**

**Applicant Name:**

**Applicant Title:**

**Applicant Email Address:**

**Organization Mailing Address:**

**Organization Physical address:**

**Organization Phone Number:**

**Partner/Organization Website URL(s):**

**I am requesting lodging for:**

\_\_\_\_\_\_\_\_ Tuesday, Wednesday, and Thursday nights

\_\_\_\_\_\_\_\_ Wednesday and Thursday nights

**SECTION 2 - ESSAY QUESTIONS – Please type your responses to the questions below.**

1. A brief autobiography
2. Record of Governor’s Conference on Tourism attendance in years past (if applicable)
   1. Have you attended in the past? If so, when? If no, why not?
3. Detailed statement of intent – Why do you want to attend Governor’s Conference?
   1. Reasons for applying for scholarship including budget limitations
   2. Demonstrated need – can you afford travel, meals, etc. for conference?
   3. How attending Governor’s Conference will benefit you and/or your organization
4. Written response to the below question
   1. What do you see as the biggest hurdle facing the Tourism industry now and in the future? And in Tennessee specifically?

5) Is your county designated as **distressed or at-risk** per the current or previous two FYs Appalachian Regional

Commission guidelines?

**Signature of the Authorized Applicant:**

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of organization director or supervisor if other than you:**

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please return typed application via email by Friday, June 6, 2025 to:**  Andi.Grindley@tn.gov

*If you have any questions about your application, contact* Andi.Grindley@tn.gov