



Scholarship Application

Name: _____
LAST FIRST MI

District Name: _____

Title: _____

Organization Address: _____
Street City County

Work Phone: _____ **Home Phone:** _____

Fax #: _____ **E-Mail:** _____
Please Print

*If needed, please attach additional pages for explanation of the following questions.

1. Briefly describe how your attendance at this program will benefit you as a professional:

2. Briefly state how your attendance at this program will benefit your organization:

The program tuition for the 2013 program is \$1200

3. Briefly state why you are applying for a tuition scholarship for the CDM Program:

4. My District is a Client of Preferred Government Insurance Trust (PGIT): Yes / No

If awarded this scholarship, I will submit upon completion of the program a written report to the FASD, detailing advantages gained through attendance and participation of this course, which may be published in the FASD news letter.

*By signing below you are committing to the completion of the course and its project.

Applicant's Signature

Supervisor's Signature

Application deadline is January 30th, 2013

Please send to: Mary Hickey
Sanibel Fire & Rescue
2351 Palm Ridge
Sanibel, FL. 33957
mary@sanibelfire.com