



Scholarship Application

Name:			
LAST	FIRST		MI
District Name:			
Title:			
Organization Address:	STREET	CITY	COUNTY
Work Phone:		DI	COUNTT
	E-M		
rax #			<u> </u>
*If needed,	please attach additional pages	for explanation of th	ne following questions.
1. Briefly describe how y	your attendance at this program v	will benefit you as a p	rofessional:
2. Briefly state how your	attendance at this program will	benefit your organiza	tion:
Tuition for	members is \$1,200.00 // T	Tuition for non-m	embers is \$1,500.00
3. Briefly state why you	are applying for a tuition schola	rship for the CDM Pr	ogram:
If awarded this scholarshi	ip, I,	, wil	l submit upon completion of the
	the FASD, detailing advantages g		ace and participation of this course,
, , ,	<u> </u>	1 5	Failure to complete the program and olarship and you will be charged for
Applicant's Signature		Supervisor's Signature	<u> </u>

Scholarship awardees will be notified 30 days prior to the beginning of the class whether they are awarded a scholarship.