



CFDD South Puget Sound Scholarship Application

Name of Seminar or Program: _____

Type of Scholarship: General Conference Date of Program: _____

Cost of Registration: \$ _____

Name: _____ Phone: _____

Address: _____ City/State: _____ ZIP: _____

Employer: _____ Phone: _____

E-mail Address: _____

Business Address: _____ City/State: _____ ZIP: _____

Position: _____ Name of Supervisor: _____

My supervisor may be contacted regarding this application: Y N

Supervisor's Phone: _____

If necessary, who will finance the balance: Company Self Both

Approved time off? Y N After work hours List Dates: _____

How many meetings have you attended in the last 12 months? _____

What committees have you been on, offices held, or programs have you worked on?

How will this seminar/program benefit your position and goals (explain in detail):

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If accepted for this scholarship, I understand that a clear and concise, summarized report of the program must be submitted for the benefit of the organization and membership.
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Signature: _____ Date: _____

Return completed applications to Paulyne Vandersloot:

Fax: 425-637-0798
Email: pvandersloot@mutualmaterials.com

Mail: Mutual Materials
PO Box 2009 Bellevue, WA 98009