



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 2018 program is \$1200/Members and \$1300.00/Nonmembers

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

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 newsletter.

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

Applicant's Signature

Supervisor's Signature

Application deadline is December 8, 2017
Please submit this form with your application