CDAP Scholarship Application

Name: _____
LAST FIRST MI

District Name: _____

Title: _____

Organization Address: _____
STREET CITY COUNTY

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

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

***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:

_____

_____

_____

Tuition for members is $1,200.00

3. Briefly state why you are applying for a tuition scholarship for the CDAP 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. Failure to complete the program and receive approval to certify by the instructors at IOG will result in revocation of the scholarship and you will be charged for the full program fee.

_____ _____

Applicant's Signature Supervisor's Signature

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