

Scholarship Application



Applicant Signature: ___

Scholarships Due: Fri., Sept. 2, 2016 Scholarships Awarded By: Thurs., Sept. 8, 2016.

Fill out, scan and e-mail to dawnerickson@everettwa.gov				
Applicant Name:			Date:	
WSRO Member:		No		
Employer Name:				
Address:			City/State:	
Phone:	Fax:		E-mail:	
Scholarship Criteria:				
 Applicants whose organization can match the contribution provided by WSRO; Attendees who have not previously attended a WSRO workshop/event; Attendees who have not previously been awarded a WSRO scholarship; The number of scholarships awarded will be dependent upon the amount requested and funding appropriated for scholarships for each event. Scholarships are to cover registration fees only. Travel and accommodations are the responsibility of the applicant.				
	ference Workshop R	,	i. 10-11) icate day:Oct. 10 or Oct. 11)	
Requested Scholarship A	Requested Scholarship Amount: \$ My employerwillwill not provide a matching contribution.			
My employer will be providing (describe type of contribution, e.g., travel):				
I feel I should be award	ed a scholarship be	cause:		
and insights I receive a	t the conference wit op attendance and	h co-workers. participation c	pack to my organization(s) and share information I understand that if I am awarded a scholarship obligations that my employer or I could be billed	

Date:_