

NHRID SCHOLARSHIP APPLICATION

Request Date: _____

Name: _____

Mailing Address: _____

Phone: _____

Email Address: _____

Title & Sponsor of Event: _____

Date(s): _____

Location: _____

Registration Deadline: _____

Registration Fee: _____

Have you applied for a NHRID Scholarship in the past? Yes No

If yes, when?: _____

- I understand that if granted funds I am required to “give back” to NHRID as an active member either by joining a NHRID committee, teaching a local professional development workshop, running for office, writing a NHRID newsletter article or volunteering.

How do you plan on “giving back”?

Sign your name: _____ Date: _____

(Please allow 2 weeks for committee decision)

Email to: Lianne Moccia at lianne.moccia@gmail.com