

SCHOLARSHIP APPLICATION

- WILLIS H. JONDAHL MEMORIAL FUND
- BEVERLY JOYCE WHITE MEMORIAL SCHOLARSHIP

Name _____ Date of Birth _____ Phone _____
 Mailing Address _____ City, State, Zip _____
 Email _____ Organization/Employer _____
 Supervisor Email _____ Dept _____ Date of Employment _____

Post-High School Educational Background:

<u>Name of School</u>	<u>Program</u>	<u>Dates Attended</u>	<u>Degrees/Certificates Earned</u>
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Name of Course, Seminar, or Certification _____
 Institution/Location _____ Date Course Begins _____ Ends _____
 Approximate Cost: Tuition \$ _____ Books \$ _____ Date funds needed: _____
 Itemize Other Fees \$ _____

Will your organization fund the difference if a partial award is made? Yes No

How will the education or training enhance your skills?

How will the education received benefit your organization and patients you serve?

(If additional space is needed, continue on the next page or use the back of this form.)

If this request is approved, I understand that I will be reimbursed upon satisfactory completion of the course, presentation of a grade report, submit a copy of the test or course registration form, and an official receipt from the institution for tuition, fees and books.

(Applicant's Signature)

(Date)

Supervisor/Department Head's Recommendations & Comments:

Supervisor Name _____ Signature: _____ Phone _____

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(For Committee Use Only)

Amount Approved \$ _____ Date _____ Date Applicant Notified _____
 Date Payment Requested _____ Date Paid _____ Foundation Rep _____