

**APPLICATION FORM  
SCAPA SCHOLARSHIP FOR ANNUAL CONVENTION**

Name of applicant \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Employed at: \_\_\_\_\_ Title \_\_\_\_\_

Dates of employment \_\_\_\_\_

If employed less than 1 year, previous employment \_\_\_\_\_ dates \_\_\_\_\_  
Title \_\_\_\_\_

**Please answer the following questions. Please use a separate piece of paper as necessary.**

1. Why does the applicant need financial assistance to attend the convention?
2. Is the applicant receiving any financial assistance from other sources?
3. How many SCAPA annual conferences has applicant attended?
4. How long has applicant been a SCAPA member?
5. Please list any involvement in SCAPA
6. What does applicant hope to gain from attending the convention?
7. What are the applicant's plans for the future?

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this application to:

Amy Laughlin  
744 Pinebough Ln.  
Rock Hill, S.C. 29732

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**Application must be returned by October 31, 2009**