

AAWCC Oregon
Memorial Scholarship Fund Application
in celebration of Marcia Keith and Artis vanRassel

Please mark conference for which scholarship is requested:

___ Fall Conference ___ Summer Conference

Name: _____
 College: _____
 Address: _____

 City: _____ State: _____ Zip: _____
 Work Phone: _____ Fax: _____
 Email: _____

Have you previously attended an AAWCC Oregon conference or OILD? ___ No ___ Yes
If yes, which? ___ Fall Conference ___ Summer Conference ___ OILD

Are you an campus rep, local chapter officer, or chairperson? ___ Yes ___ No

Have you received an AAWCC Oregon scholarship in the past? ___ Yes ___ No

*In the following section, please detail how your conference expenses will be covered,
 including contributions by yourself and others.*

College/Division/Dept contribution:
 Registration: \$ _____
 Lodging: _____
 Travel: _____
 Meals: _____
 Other (specify): _____
 Total: \$ _____

Local AAWCC Chapter contribution:
 Registration: \$ _____
 Lodging: _____
 Travel: _____
 Meals: _____
 Other (specify): _____
 Total: \$ _____

Personal contribution:
 Registration: \$ _____
 Lodging: _____
 Travel: _____
 Meals: _____
 Other (specify): _____
 Total: \$ _____

Scholarship Request:
 Registration: \$ _____
 Lodging: _____
 Travel: _____
 Meals: _____
 Other (specify): _____
 Total: \$ _____

Applicant Signature: _____

Date: _____