



# Vermont Chapter ASTD Scholarship Fund

## Scholarship Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
*Last First Middle Initial*

Address: \_\_\_\_\_  
*Street Apt.#*

\_\_\_\_\_  
*City State Zip Code*

Employer: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Job Title: \_\_\_\_\_

Funds Requested For: \_\_\_\_\_

Funds Requested:  
(Attach documentation) \$ \_\_\_\_\_

Expected date of completion: \_\_\_\_\_

Is another funding source available to you?  Yes  No

If yes, list source(s): \_\_\_\_\_

On a separate sheet of paper please provide an overview of the professional development opportunity you are pursuing and describe how these funds will enhance your professional growth.