

## VTRID 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 VTRID Scholarship in the past?**

**Yes No If yes, when:** \_\_\_\_\_

**(Please allow 2 weeks for committee decision)**

**Email to Nora Kennedy at : [norafitzken@yahoo.com](mailto:norafitzken@yahoo.com)**

**Or**

**Mail to: Nora Kennedy, 397 Shady Rill Road  
Middlesex, VT 05602**

