

Avril Weisman Scholarship

Application Form

Name: _____

Title: _____

Organization: _____

Organization's Full Address: _____

Phone: _____

Email: _____

Please Check One:

I am applying for the CAA / State Association Staff Member scholarship

I am applying for the Board Member scholarship

Deadline:

Form, narrative, supporting letter (s) and / or documentation must be postmarked or mailed on or before **June 6, 2018**

Send To:

Please send the aforementioned with "AW Scholarship" in the subject line to jtoltbert@communityactionpartnership.com and "CC" cclaitt@communityactionpartnership.com