

Scholarship

Please print your answers clearly.	
Last Name:	First Name:
Street:	City, State, Zip
Phone:	Email:
Event you would like scholarship for:	
Reason for requesting scholarship:	
Why do you want/need assistance?	

Application Process:

1. Please fill out above information
2. Deadline for application two weeks before event.

Please send application to:
Scholarship
ACCW
328 West Kellogg Blvd
St. Paul, MN 55102