



Member Education Benefit Application Form 2008

Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Street City, State, Zip Code County

ABWA Member Since: \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Amount requested: \_\_\_\_\_

Total number of ABWA chapter scholarships received in the past: \_\_\_\_\_ Total Amount \$ \_\_\_\_\_

Occupation: \_\_\_\_\_

Company providing continuing education workshop or credit hours:

\_\_\_\_\_  
Company/Organization Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Contact Person

Would you be able to take this opportunity with partial assistance from ABWA? \_\_\_\_\_

How long have you been employed in your current field? \_\_\_\_\_

How will this Continuing Education opportunity enhance your performance in your current line of work?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the Cape Cod Charter Chapter of ABWA awards me a member education benefit, I agree that I will use the funds solely for the continuing education described above and I will report to the membership at a later date as to how this opportunity has enhanced my career.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

Please return this form to:  
JoAnna Watson, ABWA Scholarship Committee Chair  
688 Willow St.  
Bass River, MA 02664  
jwatson@capecod.net