

APPLICATION FOR PARTIAL SCHOLARSHIP

(Please use a separate form for each applicant and submit with 2-page registration application)

NAME _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

PHONE: _____ E-MAIL _____

FAX: _____

IS YOUR CURRENT WORK ON SECONDHAND SMOKE POLICY FUNDED?

Yes

No

If YES, by whom? _____

IF YOU DO NOT RECEIVE A SCHOLARSHIP, WHAT ARE YOUR CHANCES OF ATTENDING?

(Please circle one)

Excellent

Good

Fair

Difficult

Impossible

WHAT PORTION OF THE REGISTRATION FEE CAN YOU PAY?

\$ _____

THANK YOU!

RETURN TO:

stephanie.shedd@no-smoke.org

OR

FAX: 510-841-3060

Attn: Stephanie Shedd

OR

ANR Foundation

Attn: Clearing the Air, VI

2530 San Pablo Avenue, Suite J

Berkeley, CA 94702