

## 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

Low

Nonexistent

### 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**