

LAS VEGAS CHAPTER EDPA
SCHOLARSHIP APPLICATION

All Applications must be received by November 15, 2006

Name of Applicant: _____

Address: _____

Phone: () _____

Date of Birth: ____/____/____

Sex: M _____ F _____

High School Attended: _____

Address: _____

Phone: () _____

GPA: _____ (Enclose School Transcript)

College Attending: _____

Planned program of Study: _____

APPLICANT MUST ATTACH AN ESSAY EXPLAINING WHY YOU DESERVE
THE SCHOLARSHIP. (Minimum 250 words, typewritten and double-spaced)

COMPLETE FINANCIAL FORM ATTACHED

Send Applications To:

EDPA Foundation Scholarship Administrator
c/o Alexandra Grider
5775 Peachtree-Dunwoody Road, Bldg. Suite 500
Atlanta, GA 30342

LAS VEGAS CHAPTER EDPA
SCHOLARSHIP APPLICATION

FINANCIAL INFORMATION

Name of Applicant: _____

Applicant's Parents:

Father: _____ Mother: _____

Address: _____ Address: _____

Phone: () _____ Phone: () _____

Total Annual Income of Parents: \$ _____

Parents Occupations:

Father's Company: _____

Job Description: _____

Co. Address: _____

Annual Salary: \$ _____ (Attach most recent W-2)

Mother's Company: _____

Job Description: _____

Co. Address: _____

Annual Salary: \$ _____ (Attach most recent W-2)

ALL INFORMATION WILL BE KEPT IN STRICT CONFIDENCE.