THE PETERSON SCHOLARSHIP FUND SCHOLARSHIP APPLICATION FORM

Name _________________________________________________________________

Facility _________________________________________________________________

Mailing address:
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Phone: __________________________________________________________________

Immediate supervisor or manager and their contact information:
_______________________________________________________________________

_______________________________________________________________________

This application is for:

☐ Myself
☐ One of my staff (Name/Position): ____________________________________

This application is for:

☐ Attending the WSSHE Annual Conference
☐ Attending the WSSHE Semi-Annual Conference
☐ Attending a conference, educational course, seminar, or other class(es)

Please list the reason why you are requesting this fund. If you are requesting the fund for anything other than to attend the Annual/Semi-Annual Conference, please give the class/seminar/course name, location, and a brief description:

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

For PPSF Board Use Only:

APPROVED DISAPPROVED

7/9/2012