

Mac McKenzie Scholarship Fund Application

Six (6) \$750 Education Scholarships available for
Washington State Society of Healthcare Engineers

Due Date: Accepted Anytime

Today's Date: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Place of Employment: _____

Job Title: _____ Email Address: _____

Chapter Affiliation: _____

Describe your goals and how this further education will help you. (Continue on reverse side as necessary):

Provide the following information on the training/education to which scholarship funds are being requested.

School/Trainer: _____

Address: _____

City: _____ State: _____ Zip: _____

Course Name / Number: _____

Academic Hours: _____ Start Date: _____

Completion Date: _____ Tuition Costs: _____

Course Material Costs:

I am I am not receiving assistance from another source to complete the above listed course.

Signature: _____

