

Application for Peter Brodeur Fund Scholarship

Date of Application

Name:

Address:

Address:

Phone:

Email:

Website:

Title of Conference or Class:

Date of Event:

Cost of Event: \$_____

Amount of Scholarship: \$_____

Transportation Allowance: \$_____

Total Approved: \$_____

Recipient signature

NHSA President

Date

NHSA Treasurer

Date approved or denied
(circle one)