



Mail To:
Worcester Chapter 74 AFE
Attn: Scholarship Committee
P O Box 3431
Worcester, MA 01613

Please Contact the Scholarship Committee via Phone as well
To inform them that this application is being sent via USPS.

Worcester Chapter 74 - Professional Development Scholarship

Applicant Information:

Last Name _____ First _____

Address _____

City _____ State _____ Zip _____

Daytime Phone (____) _____ Evening Phone (____) _____

AFE Membership Number _____ Member Since _____

Course Description: _____

Institution attended: _____ **Date From** _____ **To** _____

Hours/Day, Hours/Week, Hours of Course- _____

Financial Information:

Course Tuition/Fees \$ _____
Supplies and Books \$ _____
Other \$ _____
Total \$ _____

Submit documentation of fees paid:



Applicant Signature: I have successfully completed the above described professional development course, I am a member in good standing with Worcester Chapter #74 AFE.

Name (printed) _____ Course Completion Date ____/____/____

Signature _____ Date ____/____/____



Submit Certificates and/or other Attachments for review:



Approved Amount: \$



Scholarship Committee Signatures: We, the undersigned, certify acceptance of the application as outlined in the Worcester Chapter 74 AFE By Laws and approve the Worcester Chapter 74 Treasurer to issue a check from the appropriate account to the above named member.

Name (printed) _____

Signature _____

Name (printed) _____

Signature _____

Name (printed) _____

Signature _____

