

BECOMING AN OUTDOORS -WOMAN® MEL PORTER SCHOLARSHIP APPLICATION

NAME				
ADDRESS				
CITY		STATE	ZIP	
PHONE NUMBER (day) (cell) ((night) ()	
E-MAIL ADDRESS				
Limited funds are available be given to first-time work children and/or those who remainder of the registration	kshop participants who live in low-income housel	are full-time stud holds. These are	lents, single paren	ts of young
To be considered for BOW a check for your portion of to awarded.				
For more information, conta bbgillen@ncwildlife.org, or				
Scholarship application	n must accompany yo	our registration	ı form.	
Return this scholarship appliform and check payable to A	· ·	en es Commission 965	rkshop registration	1
For Office Use Only:				
Date Received	Application #	Cc	ontact Date	
Арр	rovedDe	enied		

1.	Have you ever attended a "Becoming an Outdoors-Woman" workshop?				
	No				
	Yes Date Location				
2.	Are you a fulltime student?				
	No				
	Yes Institution Name				
	Major Subject Area				
3.					
4.	Please list the ages of children (18 years old and younger) living in your household				
	(1-3) (4-6) (7-9) (10-12) (13-15) (6-18)				
5.	How much financial assistance would you need in order to attend the workshop? Full scholarships are not available.				
	I would need \$to attend. I have enclosed a check for the remainder of the registration fee balance.				
6.	How did you hear about the "Becoming an Outdoors-Woman" workshop and scholarship program?				
7.	Why do you want to attend the "Becoming an Outdoors-Woman" workshop and what do you hope to learn at the workshop? (Use the back of this sheet or a separate page if needed)				

Application# _____