

Scholarship Application for SDECD

Name of applicant:

Date of application:

Name of Event:

Date of Event:

Location of Event:

Cost of Event:

Description of event (attach documentation showing costs to be covered by an award):

Briefly describe how attending this event will benefit you:

Briefly describe how your attending this event will benefit SDECD:

I confirm that I have read, understood and agree to the terms of the SDECD Scholarship Program Policy. I will provide evidence that the funds provided have been used for the purpose described in this application and that I will reimburse SDECD any unused funds in accordance with the Policy.

Signature:

Date: