

## 32° SCOTTISH RITE MEMBER TRAINING SCHOLARSHIP APPLICATION

### APPLICANT INFORMATION

**NOTE: The applicant must personally complete this application. The application and all supporting documents must be submitted to the Valley of Columbus Office after January 1<sup>st</sup> and before December 1<sup>st</sup>. Faxed and E-mailed applications will NOT be accepted. Training funds are limited.**

Last Name:		First Name:		Middle Initial:
Date of birth:	Valley:		Member No.	
Current address:				
City:		State:	ZIP Code:	
Home Phone:		E-mail:		
Mobile Phone:				

### TRAINING INFORMATION

Training Provider Name:				
Address:				
City:		State:	ZIP Code:	
Phone:		E-mail:		
Fax:				
Training Event / Course Title:				
Date(s) of Training:				
Description of Training:				
Name of Society, Agency, Institution awarding credentials:			Type of Credentials (CEUs, PDUs, Certification, etc.)	
A. Cost of Training Event:				
B. Cost of Books/Materials:			Additional information you wish to be considered:	
C. Other Financial Assistance/Grants:				
Total Amount Requested (Subtract C from A + B):				

### PREVIOUS TRAINING / CREDENTIALS

Name of Society, Agency, Institution awarding credentials:				
Type of Credentials (CEUs, PDUs, etc.)				
City:		State:	ZIP Code:	
Date Credential Received:				
Name of Society, Agency, Institution awarding credentials:				
Type of Credentials (CEUs, PDUs, etc.)				
City:		State:	ZIP Code:	
Date Credential Received:				
Name of Society, Agency, Institution awarding credentials:				
Type of Credentials (CEUs, PDUs, etc.)				
City:		State:	ZIP Code:	
Date Credential Received:				

### EMPLOYMENT INFORMATION

Current employer:				
Employer address:			How long?	
Phone:		E-mail:	Fax:	

City:	State:	ZIP Code:
Position:	Hourly    Salary <i>(Please circle)</i>	Annual income:
<b>REFERENCES</b>		
Name	Address	Phone
<b>SIGNATURES</b>		
I authorize the verification of the information provided on this form as to my credentials and enrollment. I hereby affirm that any funds awarded to me will be used strictly for training and course materials.		
Signature of applicant:		Date:
Print Name:		

Please submit the following documentation with the application:

- a. At least one (1) confidential letter or recommendation from an instructor or supervisor.
- b. Proof of income.
- c. **Proof of course enrollment** (completed course application with confirmation, if available). Course may be taken any time after January 1, 2025, through December 1, 2025.
- d. Brief description of current educational/training goals and their relationship to your career plans.

Return Application and all requested documents to the Valley Scholarship Chairman **between January 1, 2025 and December 1, 2026:**

A.A.S.R, Valley of Columbus  
 Attn: Brian L. Kelly  
 290 Cramer Creek Court  
 Dublin, OH 43017