



Economic Assistance Scholarship Application

Name:	
City and State of Residence:	
Email:	Phone:
Employer Name:	
Employer Address:	
Membership Type:	
Has applicant ever attended SCABB Annual Meeting? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list year(s) attended:	
If yes, was attendance sponsored by employer or at applicant expense?	
Has applicant previously received a Foundation Scholarship? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list year(s) awarded:	
Please include your personal request to the Foundation, as described in Step 2. Attach a separate document as needed.	