



Date: \_\_\_\_\_

## Transportation Scholarship Application

Name: \_\_\_\_\_

*First*

*Last*

Workshop Location: \_\_\_\_\_

Home Address: \_\_\_\_\_

*Street*

*City, State*

*Zip*

Mailing Address: \_\_\_\_\_

*Street*

*City, State*

*Zip*

I understand my mileage will be verified by checking workshop attendance records. I understand that I will only receive reimbursement if I attend at least 4 workshops and that I will only receive reimbursement for the sessions I attend. I understand that Transportation Scholarships are based on need and available funds. I certify that my address above is accurate and that reimbursement will only be available to one household member per workshop.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Completed by Lay Leader:</b>	<b>Attended:</b>		<b>Date:</b>
Session 1	<input type="radio"/> Yes	<input type="radio"/> No	
Session 2	<input type="radio"/> Yes	<input type="radio"/> No	
Session 3	<input type="radio"/> Yes	<input type="radio"/> No	
Session 4	<input type="radio"/> Yes	<input type="radio"/> No	
Session 5	<input type="radio"/> Yes	<input type="radio"/> No	
Session 6	<input type="radio"/> Yes	<input type="radio"/> No	
<b>Completed by M4A:</b>			
Miles Roundtrip:		Reimbursement Amount:	
Reimbursement Date:			