

CEDAS LISA M. KOLODZIEJ SCHOLARSHIP APPLICATION FORM

Your Name and Title	
Are You a CEDAS Member?	<input type="checkbox"/> YES <input type="checkbox"/> No If No, please submit a Membership Application and evidence of processing of payment in order to be eligible for a scholarship.
Your Organization	
Organization Address	
Phone	
E-mail	
Amount of CEDAS Scholarship being requested, projected costs, and other anticipated sources of funding	<p>CEDAS Scholarship Being Requested: \$ _____ (see breakdown below of costs and other sources)</p> <p>Registration \$ _____ Travel \$ _____ Meals \$ _____ Lodging \$ _____ Misc. \$ _____ (provide details)</p> <p>Total costs (approx).</p> <p>Other funding sources:</p> <p>Employer Contribution: Other:</p>
Program for which this Scholarship is being requested (include program name, dates and location)	

Reason(s) For Scholarship Request?	

Please return your completed form to Trent Wright by mail to Middlesex Community College, 100 Training Hill Road, Middletown, CT 06457 or fax to 860-344-2789. Questions? Contact Trent Wright at 860-343-5708.