



Application

Harry A. Boughner

Scholarship for Training & Accreditation

By completing this application, you will be considered for the Michigan Association of County Veterans Counselors Scholarship to be awarded annually at the Fall Conference and paid four weeks before the event. Completed materials must be postmarked by August 31. Send to: OCVS; HAB; 1151 Crooks Rd, Ent B; Troy MI 48084-7135. In the event you are unable to attend the training, monies from this scholarship MUST be returned to MACVC.

NAME: _____

BUSINESS ADDRESS: _____

COUNTY: _____

CITY: _____ **STATE:** ____ **ZIP:** _____

TELEPHONE #: _____ **E-MAIL:** _____

ARE YOU A MACVC MEMBER?: _____ **HOW LONG:** _____

TRAINING EVENT YOU PLAN TO ATTEND: _____
CITY, STATE: _____

HAVE YOU EVER BEEN ACCREDITED: _____

WILL YOUR COUNTY COVER THIS TRAINING?: _____

HAVE YOU APPLIED FOR A NACVSO SCHOLARSHIP?: _____

You are encouraged to complete the Financial Information requested on Page 2 of this application.

I, the undersigned applicant, swear that the information provided on this application is true and accurate, and I hereby authorize the MACVC Executive Committee to obtain any information needed with the understanding that said information will be used only in determining my eligibility to a Scholarship grant. I understand that I may revoke this authorization at any time except to the extent action has already been taken in reliance thereon.

Applicant Signature

Date

Supervisor's Signature

Date

APPLICANT'S NAME: _____

FINANCIAL

What is your total anticipated cost for training? \$_____

Of the above amount, please indicate below the percentage of funds coming from each category.

Yourself	\$_____
County	\$_____
Scholarships	\$_____
Scholarships	\$_____
Scholarships	\$_____
Scholarships	\$_____
Grants	\$_____
Loans	\$_____
Other	\$_____
TOTAL	\$_____

Please list the name of other scholarships that you might be receiving along with any comments on this financial section.
