



**Ann Nutt ACDS Scholarship application form**

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

Email: \_\_\_\_\_ Phone : \_\_\_\_\_

Address \_\_\_\_\_

Work site \_\_\_\_\_

Work site address: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Work number: \_\_\_\_\_

Work hours/week \_\_\_\_\_

Will your employer pay your registration fee for you? \_\_\_\_\_

**Please read, sign and date:**

I hereby state that all statements contained within this application are true and correct.

By signing this application, I agree to provide ACDS with verification of my income if requested.

Please enclose 2 letters of reference, one from your employer and the other from someone other than a family member and a current resume.

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