APPLICATION FORM: NWA Professional Development Scholarship Name:

Affiliation:

Mailing Address:

Email Address:

Telephone: FAX:

The applicant hereby acknowledges he/she understands the intended purpose of this scholarship and accepts the guidelines for its implementation.

Signature:

Date:

Please return this application, along with a formal letter of application and current resume, by email to the Professional Development, Education, and Awards Co-chair: Elizabeth Russell (**elizabeth.russell@providence.org).**

Printed material on proposed activity and letter of recommendation are optional and may be sent to:

Elizabeth Russell

Providence Archives

4800 37th Ave SW

Seattle, WA 98126