

**Dave Feeken Scholarship Foundation
Scholarship Application**

I hereby submit the following information for your consideration:

First Name _____ Last Name _____

Firm Name _____ License # _____

Business Address _____ City _____ Zip _____

E-mail Address _____

Phone: Business _____ Home _____ Cell _____

Please explain why you should be considered for a Scholarship (can use additional paper)

Have you ever been a recipient of a Dave Feeken Scholarship? _____

If so, in what year did you take the course for which the scholarship was received? _____

Describe course/program for which the Scholarship will be used. _____

I do hereby affirm that the information contained in this application is truthful, accurate and complete.

Signature of Applicant

Date

Please fax or e-mail application to: Helen Jarratt, President of Dave Feeken Scholarship Foundation
Phone: 907-240-3789 Fax: 907-279-8234 (Attn: Helen Jarratt) e-mail: hjarratt@gci.net