

## UMAP Conference Scholarship Application

**Name** \_\_\_\_\_

**School Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Is your school UMAP Accredited?**      **Yes** \_\_\_\_\_      **No** \_\_\_\_\_

Please fully state your request for scholarship. ( Include dollar amount and number of people this will serve)

(For scholarship recipients, housing will be at Warren Willis Camp only)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Why is this assistance being requested?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

---

Please mail application to: Linda McGlashan,  
8570 Cypress Lake Drive, Fort Myers FL 33919

.....  
**For Office Use Only:**

**Scholarship Approved?**    **Yes** \_\_\_\_\_    **No** \_\_\_\_\_

**Date of review** \_\_\_\_\_

**Total amount of Scholarship** \_\_\_\_\_

**Approved by** \_\_\_\_\_