

Tobacco Free North Dakota Scholarship Request Form for the 2019 Break Free Youth Action Summit for Tobacco Prevention

DATE: WEDNESDAY, OCTOBER 2nd in BISMARCK or THURSDAY, OCTOBER 3RD in FARGO
TIME: 8:30 A.M – 2:30 P.M

- Local Public Health Unit (LPHU): _____
- School Name: _____
- Name of Advisor and/or LPHU Coordinator Attending with Students:

- Preferred Phone number and email address: _____
- How many \$30 registration fee scholarships are you requesting? _____
- Is your group also in need of funding for travel? *Please select your answer below.*
 YES NO
- IF YES, what dollar amount is need for travel arrangements? _____

SCHOLARSHIP REQUESTED: STUDENT FIRST AND LAST NAME	EVENT REGISTRATION COMPLETED? (PLEASE WRITE YES OR NO IF THE STUDENTS HAVE BEEN REGISTERED ONLINE OR THROUGH YOUR LPHU)
1.	
2.	
3.	
4.	
5.	
6.	

***NOTE:** Scholarships are sponsored by Tobacco Free North Dakota. Please send this form to Heather Austin at TFND, heathr@tfnd.org, no later than **September 25th** *

