

NAADAC 2003 Conference Scholarship Application

Last Name _____ First Name _____ Prefix _____

Street Address _____

City/Town _____ State _____ Zip Code _____

Telephone Number (Area code first) _____

Fax Number (Area code first) _____

Email address (if available) _____

Number of **years** counseling (circle) 0-5 5+

Are you a NAADAC Member (circle) YES NO

If yes, what is your Member ID: _____

Are you a student? YES NO

If yes, where do you go to school: _____

What is your area of study: _____

Short Answer Section:

- 1) Why do you need financial aid to attend the NAADAC Annual Conference? (One to Two Paragraphs, Attach extra paper needed to back of application)

2) How do you explain your commitment to professional growth? (One to Two Paragraphs, Attach extra paper needed to back of application)

3) If in the profession longer than five (5) years what would you like to do to lead others in the profession? (One to Two Paragraphs, Attach extra paper needed to back of application)