



## Scholarship Application

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Years with WCR-MMC: \_\_\_\_\_

What WCR Committees or events are you involved in for the current year?

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What convention, conference or educational training are you using your scholarship for?

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Amount requested: \_\_\_\_\_ (please include proof of payment)

Email completed application after review of guidelines to Dean Eckstrom prior to Nov 30. ...  
Dean.Eckstrom@pillartopost.com