

**LESTER L. DAHMS MEMORIAL FOUNDATION**  
**SPONSOR OF THE**  
**DAHMS-BIERBAUM WORKSHOP**

**STUDENT SCHOLARSHIP APPLICATION**

*Completing every item on this application is important. Please type or print legibly.*

**APPLICANT INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State/Province, Postal Code \_\_\_\_\_

Mobile Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

*Please provide at least one contact person in the event of an emergency.*

Name(s) \_\_\_\_\_

Street address ( ) Same as above OR ( ) \_\_\_\_\_

City, State/Province, Postal Code \_\_\_\_\_

Contact Number(s) \_\_\_\_\_

**COLLEGE OR UNIVERSITY INFORMATION**

*Please provide information on your current academic studies*

Name of College or University \_\_\_\_\_

Current Degree Program \_\_\_\_\_

Graduation Date \_\_\_\_\_

## APPLICATION PROCESS

Attach the following documents to this completed application:

- ☐ Two letters of reference
- ☐ Photo ID showing that you will be 18 years old on or before November 1
- ☐ Documentation showing full-time enrollment at the college or university listed
- ☐ Copy of your resume
- ☐ Answers to the questions below, on a separate page(s) with your name visible on the top of the page(s):
  1. Why do you want to attend this workshop?
  2. How will you use the knowledge gained in this workshop?
  3. Describe your parliamentary experience, activities, or other engagement.

## REVIEW

I, (print name) \_\_\_\_\_, declare that my answers to all the above information is true and that if I am awarded this scholarship, I agree to abide by the provisions explained here. I understand that if I do not participate in all sections of the program, or if I arrive late or leave early, I am financially responsible for the cost of my room and transportation costs.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return completed form and documents by mail or electronically by **1 October 2021** to:

Larry Martin, PRP  
Dahms Memorial Foundation  
Scholarship Committee Chairman  
2305 S Arrowhead Ave  
Independence, MO 64057-1951

Phone: 816.550.4429  
Email: lddsmartin@att.net