

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

SCHOLARSHIP APPLICATION

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

APPLICANT INFORMATION

Name _____

College Street Address _____

City, State/Province, Postal Code _____

Telephone [land line and/or cell] _____

E-mail _____

EMERGENCY CONTACT INFORMATION

Person(s) to be contacted in case of emergency

Name and relationship _____

Street address _____

City, State/Province, Postal Code _____

Daytime Telephone _____ Evening Telephone _____

COLLEGE OR UNIVERSITY INFORMATION

Name of College or University _____

College Street Address _____

City, State/Province, Postal Code _____

Registrar's Office or College Advisor Telephone Number _____

APPLICATION PROCESS

Attach the following documents to this completed application:

- ☐ Two letters of reference
- ☐ Documentation (such as a clear photocopy of your current drivers license) that you will be 18 years old on or before October 1 of the workshop year
- ☐ Documentation that you are enrolled as a full-time student at the above named college or university

Attach your answers to the following items. Use as many pages as you need. Put your name in the upper right hand corner of each page.

1. Why do you want to attend this workshop?
2. How will you use the knowledge gained in this workshop?
3. List awards and honors you have received.
4. Describe your parliamentary experience and parliamentary activities.

I, (written signature) _____, declare that my answers to all of the above information is true and that if I am awarded this scholarship, I shall 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.

Printed Signature: _____ Date _____

Return completed form to:

Denise Irminger, PRP
Scholarship Committee Chairman
Dahms-Bierbaum Workshop
1023 Highland Dr
Liberty, MO 64068-3112

Phone: 816.225.9048
E-mail: deniseirminger@aol.com

Application may be submitted by US postal mail or by scanning and e-mailing.

Application must be received on or before 1 October 2019