

Employees Association of Professionals
Education Scholarship- NON Medical

Name _____ Date _____

Mailing Address _____

Telephone Number _____

Name of EAP Member _____

Department in which employed _____

Association Membership:

EAP member _____ EAP dependent _____

Requirements to be submitted with application form:

EAP member: Proof of enrollment in a college with at least part time semester hours in length.

EAP Dependent: Proof of enrollment in a college with at least part time semester hours.

The application with required documentation of enrollment as well as a short essay can be emailed to captahoeforest@gmail.com. Must be received by July 1