

Vondersmith Fund Scholarship Application

Today's Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Email Address: _____

Program Title: _____

Program Date: _____

Program Location: _____

Amount Requested: _____

Eligibility Criteria met or will meet:

- a. Paid member for at least one year
- b. Attended 3 of the 5 local Chapter meetings
- c. Will submit a brief report for the upcoming newsletter
- d. Will give an oral presentation at the upcoming Chapter meeting

Amount Approved: _____

Treasurer's Signature: _____ Date: _____

Financial Advisor's Signature: _____ Date: _____

Amount Received: _____

Applicant's Signature: _____ Date: _____

Please submit the application to the President and the Treasure via email.

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