

Scholarship Application Form
Health Sciences Libraries of New Hampshire and Vermont

Date: _____

Name: _____

Organization: _____

Scholarship requested for: (Name of Course, Workshop, etc.

Date and Location of Event: _____

Describe how requested funds will be used:

Registration fees _____

Tuition fees _____

Will this HSL-NH/VT application, if approved, provide the only funds available to you for the above purpose, or would HSL funds supplement other sources of funding? Please describe.

Return this form to:

(current Finance Committee Coordinator)