

2018 SHJA CAROL WINDHAM SCHOLARSHIP APPLICATION

Applicant Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____ Home/Business _____

Email _____

Are you a SHJA member: Yes ___ No ___

Date of Birth _____

Age as of March 1st 2018 _____

Trainer- _____

Nominee Parents' Names (if nominee is under 18) _____

Parent's Phone _____

Parent's Email _____

PLEASE INCLUDE WITH THIS FORM:

- 1) \$15 application fee- cash or checks made payable to SHJA
*please indicate on the check that it is for the 2018 scholarship application

Submit completed information no later than April 14th 2018 to:

EMAIL- southernHJassoc@gmail.com

MAIL- SHJA

Attn: Carol Windham Scholarship

P.O. Box 14363

Tallahassee, FL 32317

