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SCHOLARSHIP REQUEST FORM

NAME: _____

ADDRESS: _____

TEL: _____

HIGH SCHOOL: _____

DATE OF GRADUATION: _____

COLLEGE OR UNIVERSITY: _____

DATE OF ENTRY INTO PROGRAM: _____

COURSE OF STUDY: _____

RELATIONSHIP TO MEMBER: _____

NAME OF MEMBER: _____

CHECK ONE: () MEMBER () ASSOCIATE MEMBER

DEADLINE FOR RETURN OF THIS FORM IS FRIDAY, APRIL 13TH

(You may return the form by mail to the above address, or e-mail
maryannr@aclsmail.com, or fax to the number listed above.)

Questions or additional information, please contact:

Karin Dromgoole (Tel. 315-435-3458)

The National Association of Purchasing Management-Greater Syracuse, Inc. exists to educate, develop, and advance the purchasing and supply management profession.

www.ism.ws OR www.napmsyr.org