



Idaho Council of Catholic Women Scholarship Application

Please Print:

Name: _____

Address: _____

City: _____ ZIP: _____ Phone: _____

Email: _____

Function: _____

Location: _____

Dates: _____

Expenses:

Transportation: _____

Registration: _____

Lodging: _____

Meals: _____

Estimated Total Cost: \$ _____

Contributions:

From Unit: _____

Personal Contributions: _____

Total Contributions: \$ _____

Please complete the following and include two (2) letters of recommendation from your affiliate board of directors, ICCW board of directors, or your parish priest.

Write a brief statement of your past involvement with the Idaho Council of Catholic Women and why you wish to attend this function.

What commitments are you willing to make in the future for the Idaho Council of Catholic Women?

Signature: _____

Application and letters of recommendation must be received together. Please mail or email the completed application and letters of recommendation to:

Rose Glass, ICCW Immediate Past President
1624 Sierra Drive
Pocatello, ID 83201
RGlass@cableone.net

Received: _____	Notified: _____
Complete?: _____	Submitted to ICCW President and
Award: _____	Treasurer: _____