



THE LAUGHTER ARTS AND SCIENCES FOUNDATION

Scholarship Application

APPLICANT'S NAME:
STREET ADDRESS:
CITY, STATE, ZIP:
E-MAIL:
PHONE:
OCCUPATION:
PRIOR RELATED TRAINING AND EDUCATION (Give dates and locations):
TITLE OF TRAINING THAT FUNDS WILL BE USED FOR:
DATES OF TRAINING THAT FUNDS WILL BE USED FOR:
LOCATION OF TRAINING THAT FUNDS WILL BE USED FOR:
AMOUNT & TYPE OF SUPPORT AVAILABLE FROM EMPLOYER OR OTHER SOURCES SOURCE: AMOUNT: \$ SOURCE: AMOUNT: \$ SOURCE: AMOUNT: \$
TYPE OF SCHOLARSHIP SUPPORT REQUESTED: ___ Tuition ___ Other Expenses ___ Both
AMOUNT OF SUPPORT REQUESTED:

ESSAY: In 500 words or less, describe your reason for applying for this support and how you will use the training. (Please attach.)

REFERENCES: Please attach two letters of support for your request. These should be from individuals who can assess your potential performance and prospective utilization of the training you are requesting.

NOTICE: For purpose of supervising the terms and conditions of the grants, the Committee will require receipts, transcripts, evaluations, self-reports, or other reports it deems appropriate, within 30 days of completion of the training. Upon investigation into the circumstances, the Scholarship Committee may require repayment of the amount of the award by recipients who fail to complete the designated training.

Note: Return all materials to LASF, c/o Steve Wilson, 1159 South Creekway Ct., Columbus, OH 43230