



**Drowning Prevention Coalition of Arizona
Kerry Martin Scholarship**

Name:		
Address:	Work:	
	Cell:	
	Fax:	
	Email:	
Agency Name & Address:		
Conference/Workshop Name: (attach registration information)		Dates:
Amount of assistance needed:	Registration	\$
	Hotel	\$
	Travel/Airfare	\$
	TOTAL	\$
Briefly describe your activities or responsibilities as they relate to the conference/workshop for which you are applying and identify how you will utilize the information obtained:		
Signature of Applicant:		Date:
Signature of Applicant's Supervisor:		Date:

REVIEW COMMITTEE USE ONLY:

Approved by DPCA Board: () yes () no	Date:
Date check issued:	Date: