



## Foothills Scholarship Application

Name of Foothills member: \_\_\_\_\_

Name of event at which contributed: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Number of hours contributed: \_\_\_\_\_

Job: \_\_\_\_\_

Signature of Event Organizer/Manager: \_\_\_\_\_

Name of educational event attended: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

How did the program benefit you? (Say as much or little as you wish. What you say will not be reproduced without your permission.)

Attach a copy of proof of payment for the educational event.

One may not use the above hours to also apply for an RMDS scholarship. Additional hours can, of course, be so used.

Please return completed form to Marilou Metcalf 7870 S. Hill Drive, Littleton, CO 80120.

You may also scan and email to [metcalfmmd@me.com](mailto:metcalfmmd@me.com).