

GI Medical Interpreters Training

Scholarship Application Form

Organization Name:

Mailing Address:

Contact Person:

Title:

Telephone:

E-mail address:

Briefly describe your organization: (100 words or less)

Name of Individual attending:

Title of Individual attending:

Duties and activities of Individual attending:

Please justify your request for a scholarship:

**What does this individual have to gain from this event:
(100 words or less)**

Please email or fax this completed form to:

jmariaca@gladesinitiative.org

Fax: 561.996.3349

**COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE A
SCHOLARSHIP WILL BE GRANTED**