



Name as you would like it to appear on your nametag if selected: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

**IMPORTANT** – Please answer the following questions since this will determine how you receive Renaissance Society publications:

1. **Do you want your contact information in a Membership Directory?** Yes \_\_\_\_ No \_\_\_\_
2. **Would it be acceptable to receive a Membership Directory online?** Yes \_\_\_\_ No \_\_\_\_
3. **Do you want a printed copy of the Seminar Catalog mailed to you?** (Seminar Catalog will be available online - saves printing and mailing costs.) Yes \_\_\_\_ No \_\_\_\_
4. **Do you want a printed copy of the Renaissance Recorder mailed to you?** (Recorder will be available online in color - saves printing and mailing costs.) Yes \_\_\_\_ No \_\_\_\_

**Narrative:** Please write a brief narrative (500 words or less) as to why you are applying for a scholarship and some information about your financial need. Provide the narrative below or attach a sheet to this application.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_