



Lake Havasu Area WCR – Nancy Charles Spirit Award Application

Member Name _____ Company _____

Home Address _____ Co. Address _____

Home Phone _____ Co. Phone _____

Fax _____ Email _____

Designations Currently Held _____

Member Since _____ Active Member of Which Committee _____

Are you applying for a \$100.00 State Scholarship also? _____

Please describe the event or conference you are requesting funds for having attended (please attach registration and expenses)

I, _____, verify that the member requesting the scholarship is a National WCR member and

an active member in the Lake Havasu Area Chapter. (verified by a line officer)

Approved _____ Denied _____ Amount _____ By _____ Date _____