



Mid-Atlantic

MID-ATLANTIC CHAPTER
SCHOLARSHIP APPLICATION

Please type or clearly print all information. Attach additional sheets if necessary.

Name: _____

Title: _____

Institution: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

E-mail: _____

For which meeting are you applying? _____

- How will attending this program benefit you as an individual? _____

- How will attending this program benefit your institution? _____

- Years in current position _____

- Are you currently applying for a Sam Greenberg Scholarship? Yes _____ No _____

- Have you ever received a Sam Greenberg Scholarship? Yes _____ No _____

- Briefly describe your current responsibilities and attach a current resume. _____

I understand the basis for the award is financial need. I hereby make application to the Mid-Atlantic Chapter Scholarship Fund based on the inability of my institution to pay for my attendance to an MSA Conference or a chapter meeting.

Signature of Applicant

Date

As administrator or director of the above named institution, I am aware that this application is based on financial need and that the award may or may not cover the total cost of attending the meeting.

Signature of Museum Administrator / Director

Date

Complete this form and provide to the Mid-Atlantic Chapter Vice President.