

Scholarship Application

Comprehensive Health Education Services, LLC
80 Washington Street, Suite D-24
Norwell, MA 02061



Section A: Personal Information

Full Name: _____ DOB: ____/____/____

Address: _____ City: _____ State: ____ Zip: _____

Best Way to Contact: Phone: (____) ____ - ____ Email: _____

Section B: Conference Information

Name of desired Educational Conference: _____

Company/Organization Name: _____

Company Web Address (if available): _____

Type of Organization: _____

Will anyone accompany you during your travel request? Yes No

If so, please complete section C. If not, continue to section D.

Section C: Travel Guests

Guest Name	Age	Relationship

Section D: Travel Information

Conference Destination (e.g. Hotel): _____

Address: _____ City: _____ State: ____ Zip: _____

Airline Travel: Depart Date: ____/____/____ Return Date: ____/____/____

Estimated Travel Costs:

Airfare: \$ _____ Lodging: \$ _____ Meals: \$ _____

Ground Trans: \$ _____ Parking: \$ _____ Misc: \$ _____

TOTAL: \$ _____

Please sign below. Unsigned applications will not be accepted.

By signing below, I understand that this form in no way guarantees, nor does it act as any type of binding contract for financial assistance of any kind, i.e. cash, check, credit cards, gift cards, and the like, for the sole purpose of attending any desired conferences. I agree that any financial commitments made by Comprehensive Health Education Services, LLC are completely voluntary and elected in a non-discriminatory manner towards all disclosed information in this form, including but not limited to race, gender, age, and the like.

Print Name: _____

Signature: _____ Date: ____/____/____

You may submit this application one of two ways: Fax us at 781.878.8564, or Scan and Email us at info@comphealthed.com. Please allow two full business days for a response. Thank you for applying!