

VAPO Scholarship Application for Tour 2018-2019

St. Louis Missouri

All applications are confidential

Name of student _____

Name of parent/guardian _____

Address _____

City _____ Zip _____

Student Phone _____ Email Address _____

Parent Phone _____ Email Address _____

What fundraising activities have you participated in to date?

Please state your reason for applying for a VAPO Tour Scholarship in 100 words or less.

Tour cost is \$ Scholarship amount requested is \$ _____.

Signature of Parent/Guardian _____ Date _____