



William Fuehring Fund Application

First Name: _____

Last Name: _____

Nickname: _____

Address: _____

City: _____ **State:** _____ **Zip** _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

Are you a: () Member of RPCA or () Member of a organization which belongs to RPCA

If you are a member of an organization that belongs to RPCA please list organization:

Current Employer: _____

Are you able to fly to conference location? () Yes () No

Do you need any special assistance? () Yes () No

If you need special assistance please describe: _____

Mail this application and the supporting material to:

RPCA Scholarship committee
C/O Don Maxwell, RPCA Director
P O Box 1252
Ashland KY 41105-1252