



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
P.O. Box 719,
Quinton, VA
23141