

# The Eimatai Leadership Development Conference

## About You

Name of applicant \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Name of parent or guardian \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_

## Request for Scholarship

How much of a scholarship are you requesting?  
\_\_\_\_\_

To which conference are you requesting scholarship?

- Fall Conference  
 Spring Conference

Why do you feel you need it?  
\_\_\_\_\_

What are your transportation costs?  
\_\_\_\_\_

Have you requested funds from other sources?  
\_\_\_\_\_

Source and amount requested \_\_\_\_\_ received \_\_\_\_\_

### Mail or fax form to:

Eimatai Leadership Development Project  
500 West 185<sup>th</sup> Street, Suite 440 New York, NY 10033  
Phone: (212) 960-5261 Fax: (212) 960-5228

### For office use only:

Scholarship Requested: \_\_\_\_\_ Transportation fees: \_\_\_\_\_

Scholarship Granted: \_\_\_\_\_ Date received \_\_\_\_\_