

Sybil Dukehart Endowment Fund Organization Scholarship Application

Organization _____ Date Established _____

Address _____

City _____ State _____ Zip Code _____

Phone: Day _____ E-mail Address _____

Organization's Executive Director _____

Organization's Web Address _____

Application being made by: _____

Position (Instructor, Student, Parent)

1 Is this facility currently a USDFD Member? YES NO

2 Please give us a brief history of your organization.

3 Please list any accreditations or memberships that your organization holds.

4 How many people do you serve at your facility? _____ Driving? _____
Please give some examples of their disabilities;

5 What is the geographical area that your facility serves?