



MINNESOTA STATEWIDE ACTIVITY PROFESSIONALS

*"A source for education, support, ideas, and opportunities
to enhance the lives of those we serve."*

Heidi Sibben Scholarship Application

Name _____

Facility Name _____

Facility Address _____

Facility Phone _____

Home Phone _____

SWAP Membership # _____ (You must be a current paid member to be considered)

Date of Application _____

Please indicate the educational event (class, seminar, conference) in which you will be using the funds.

- _____ MN SWAP Spring Seminar
- _____ MN SWAP Fall Conference
- _____ \$100 for other educational event

Name of education event if other than a MN SWAP event:

Date of the educational event:

Location of the educational event:

Briefly explain how this educational opportunity will benefit you in your role as an Activity Professional.

Briefly explain why you are applying for the scholarship funds.

Send application to:
Nancy Schwartz, Lakeview Assisted Living, 3220 Lake Johanna Blvd, Arden Hills, MN 55112
nschwartz@preshomes.org