



## Heidi Sibben Scholarship Application

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Name \_\_\_\_\_

Facility Name \_\_\_\_\_

Facility Address \_\_\_\_\_

Facility Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

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 other than MN SWAP:

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.