

FORX BUILDERS ASSOCIATION
EDUCATION SCHOLARSHIP APPLICATION

APPLICANT

Applicant's Name _____
Company Name _____
Company Address _____
Years With Company _____
Signature of Employer _____
City/State/Zip _____
Phone Number _____
E-Mail Address _____

EVENT INFORMATION

Event Name _____
Date of Event _____
Sponsored By _____
Address _____
City/State/Zip _____
Phone Number _____

IN ADDITION TO THIS APPLICATION PLEASE INCLUDE THE FOLLOWING

A formal publication or announcement of the training event, describing the program, dates, location and cost.

SUBMIT APPLICATION AND RECEIPTS NO LATER THAN 30 DAYS AFTER THE EVENT FOR REIMBURSEMENT OR SCHOLARSHIP WILL BE NULL & VOID.

I understand and agree to comply with the rules and requirements of the FBA Education Scholarship Program.

Date: _____ Signature: _____

SEND COMPLETED APPLICATION AND ALL REQUIRED ATTACHMENTS TO:

Education Scholarship Program
Forx Builders Association
519 DeMers Avenue
Grand Forks, ND 58201
Phone: 701-746-4536 Fax: 701-746-6356
www.forxbuilders.com forxba@integra.net

Revised 3/9/2010