

Application Form for Deborah Good Scholarship  
For Student Membership

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date: \_\_\_\_\_

My interest in NMATA (reason you desire membership and/or committees or programs you most wish to participate in, also anything you wish to bring):

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I have financial hardship and request financial support through this scholarship program for membership into NMATA.

I understand that my active participation is expected including membership meeting attendance and participation organizing and working at least one NMATA event during this year.

Thank you for this opportunity.

Signed: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_ Board Initials: \_\_\_\_\_

Date Membership Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_