

PASC District 13 Summer Workshop  
Scholarship Application

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

School: \_\_\_\_\_

Grade in September: \_\_\_\_\_

Position on Student Council: \_\_\_\_\_

Have you ever attended a PASC Summer Workshop?

Yes \_\_\_\_\_ No \_\_\_\_\_ Where \_\_\_\_\_

Which site do you plan to attend? \_\_\_\_\_

Student's signature: \_\_\_\_\_

Advisors signature: \_\_\_\_\_

Why do think you and your council would benefit from your attendance at a PASC Summer Workshop?

*It is a PASC policy that no refunds are to be made after registration. Therefore, if for some reason you cannot attend the workshop that you register for you or your advisor must find a substitute for you. I must be notified of any change.*