

**ICA SCHOLARSHIP
APPLICATION FORM**

MEMBER'S NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

SCHOLARSHIP APPLICANT: _____ MEMBER _____ CHILD

APPLICANT'S NAME: _____

NAME AND ADDRESS OF COLLEGE (if known): _____

ICA MEMBER SIGNATURE: _____

RETURN COMPLETED APPLICATION FORM TO:

ICA Training and Workshop Committee
C/O Hailey Hatrick
Anamosa State Penitentiary
406 N High St.
Anamosa, IA 52205

**APPLICATIONS MUST BE POSTMARKED NO LATER THAN May 1st, 2020 OR
TURNED IN AT SPRING CONFERNECE BY 4 PM ON May 13th, 2020.**