

**ICA SCHOLARSHIP  
APPLICATION FORM**

MEMBER'S NAME: \_\_\_\_\_  
(must be an active member)  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

SCHOLARSHIP APPLICANT: \_\_\_\_\_ MEMBER \_\_\_\_\_ CHILD

APPLICANT'S NAME: \_\_\_\_\_

NAME AND ADDRESS OF COLLEGE (if known): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ICA MEMBER SIGNATURE: \_\_\_\_\_  
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**RETURN COMPLETED APPLICATION FORM TO:**

ICA Training and Workshop Committee  
C/O Ashley Lappe  
Email submissions only to:  
**Ashley.lappe@iowa.gov**

**APPLICATIONS MUST BE RECEIVED VIA EMAIL NO LATER THAN May 15<sup>th</sup>, 2023**