

CONTINUED EDUCATION APPLICATION FORM

Please Print or Type:

Please print or type your name: _____
Last First Middle Initial

Street Address: _____

City, State Postal (ZIP) Code _____

Telephone: Home: (____) _____ Cell: (____) _____

Email Address: _____

Student's Date of Birth: MM ____/DY ____/YEAR _____

AANR-West membership Information:

Name of AANR-West member

Last First Middle Initial

Primary AANR Club _____

Member number (on your AANR card) _____ Expires (date); ____/____/____
Member Since (Year): _____

Relationship of Member to Applicant:

(____) Self (____) Other: _____

Applicant's Continued Education Institution:

Name of Institution: _____

Street Address: _____

City, State Postal (ZIP) Code _____

Dates of Attendance _____

Field(s) of study _____

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Please answer the following questions. The questions are arranged relative to the evaluation form and will be judged on both thought and presentation. Feel free to use **additional sheets of paper** if needed to answer these questions completely.

Academics:

1. Describe your education history. Have you participated in accelerated or advanced programs?

2. What is your education/career goal?

3. What honors and awards have you received?

Nudism/Club Involvement:

4. What interested you in becoming a member of AANR/AANR-West? (A short description of your first experience as a nudist is acceptable.)

5. How are you involved at your local club? Do you hold any club office positions? Plan events?

6. How will your continued education/advancement benefit your club or AANR West?

7. What does nudism and nude recreation mean to you? (1000 words)

Feel free to use additional space if necessary. This is not limited to a word document; pictures, videos, etc are accepted as well.

Use additional paper if necessary to complete your response.

11. For what reasons related to nudism and AANR West do you desire a scholarship (as opposed to scholarships from another organization)?

Applicant's Signature _____ Date: ____/____/____

Parent Signature
(if applicant is a minor): _____ Date: ____/____/____

Email this form and one (1) recommendation form to scholarships@aanrwest.org

Or mail a printed copy of this form and your answers postmarked to:

AANR West Scholarship Committee
23679 Calabasas Road, Suite 966
Calabasas, CA 91302

Be sure to include the Employer/Colleague Survey or Club Verification form with your submission.

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