

STUDENT 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 _____

If the child or grandchild of an AANR-West member:

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 (____) Child (____) Grandchild (____) Other: _____

Applicant's High School

Name of School: _____

Street Address: _____

City, State Postal (ZIP) Code _____

Dates of Attendance: Start: _____ End: _____

Applicant's Post-Secondary Education Institution (whether proposed or currently attending):

Name of School: _____

Street Address: _____

City, State Postal (ZIP) Code _____

Dates of Attendance (or proposed starting date): Start: _____

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. Have you participated in any accelerated or advanced programs? Explain.

2. What school subjects do you prefer? Why?

Leadership:

3. What honors and awards have you received?

4. In what school activities have you participated? Why?

5. What school office(s) have you held? Explain.

6. What are your hobbies and outside interests?

7. What vocational experience have you had? Explain.

Potential for Growth:

8. What are your scholastic and occupational plans?

Purpose:

9. Are you interested in being an AANR West member as an adult? Why or why not?

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

Use additional paper if necessary to complete your 1000 (min) word answer.

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 to (attached document) 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

April 1. Is the deadline (postmarked) for AANR-West to receive all documents. Be sure to include the **Academic and **Club Verification** forms with your submission.**