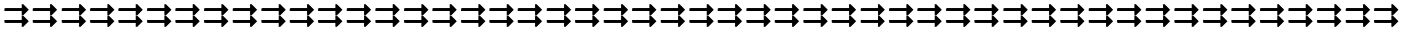
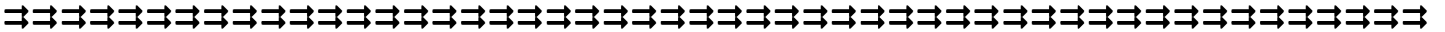


**Mac Mackenzie
Six \$750 Education Scholarships
Available for Washington State Healthcare Engineers**



DUE DATE: Accepted Anytime



Mac Mackenzie Scholarship Application

TODAY'S DATE: _____

NAME: _____ **PHONE:** (____) _____

ADDRESS: _____ **CITY/STATE/ZIP:** _____

PLACE OF EMPLOYMENT: _____

JOB TITLE: _____ **CHAPTER AFFILIATION :** _____

Describe your goals and how this further education will help you. (Continue on reverse side as necessary):

Provide the following information on the training/education to which scholarship funds are being requested.

SCHOOL/TRAINER: _____ **ADDRESS:** _____

CITY/STATE/ZIP _____

COURSE NAME/ # _____ **ACADEMIC HOURS** _____

START DATE: _____ **COMPLETION DATE:** _____

TUITION COSTS: _____ **COURSE MATERIAL COSTS:** _____

I AM AM NOT RECEIVING ASSISTANCE FROM ANOTHER SOURCE TO COMPLETE THE ABOVE-
LISTED COURSE OF INSTRUCTION.

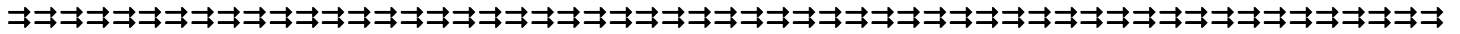
SIGNATURE: _____

Send completed application with two (2) recommendations to:

**WSSHE Education Committee
c/o Ray Tiedemann
7708 Fairview Rd SW
Olympia, WA 98512-7483**

PHONE: (253) 403-4541

FAX: (253) 403-1308



MAC MAKENZIE SCHOLARSHIP APPLICATION

Page Two

DUE DATE : JULY 30, 2009

PROFESSIONAL RECOMMENDATION

APPLICANT'S NAME: _____

DATE: _____

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-

-

(Continue on the reverse side as necessary)

Name: (Print) _____

Signature _____

Organization: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone: () _____

FAX: () _____

Email: _____

