

**REQUEST FOR DISTRICT 6-10 INTERGROUP SCHOLARSHIP
AL-ANON/ALATEEN**

Event Name _____

Location _____

Event Date[s] _____

Reason for attending the event _____

Registration cost _____ Lodging cost _____ Travel cost _____

Amount of Scholarship Requested _____

Requested by _____

Alateen Meeting attended
and District Number _____

Parent or Guardian Name _____
(For Alateen)

Parent or Guardian Signature _____
(For Alateen)

Home Address _____

Telephone Number Home _____ Cell _____

Date _____

Return this form to: Laura Valoppi
NCWSA District 6-10 Intergroup Alateen Coordinator
1737 Daphne Avenue
Sacramento, CA 95864

(Form adopted 8/9/10)