

VANCOUVER FOOD COOPERATIVE (VFC)

Member Share Scholarship Application (PLEASE PRINT CLEARLY)

Name _____

Phone (s) _____

Mailing address _____

City _____, WA Zip code _____

Email _____

Why do you wish to become a member of VFC? *Use reverse if more space is needed.*

What type of volunteering are you willing and able to do?

Attach documentation that supports your need for a scholarship to this form and mail to: Scholarship Committee, VFC, P.O. Box 546, Vancouver, WA 98666

I attest that I am at least eighteen years old, and that all statements made in support of this application are true and verifiable. I agree to comply with the conditions of this scholarship as explained in the accompanying cover letter.

Signature: _____

Date: _____

VFC use only:

Recd:

Reviewed:

Notified: