

BETTY BREEN MEMORIAL TUITION FOUNDATION

Application for Assistance

Assistance is Available to Currently Registered CIT's or Persons Actively Pursuing CIT Status

Name: _____

Address: _____
Last First Middle

Street or P.O. Box Apt#

City State ZIP

Work Phone: _____ Email: _____

Cell Phone: _____ Home Phone: _____

1. If currently a CIT, attach copy of CIT card.
2. Check educational program for which you are applying:
 LASACT Conference LACT Program
3. When is the program offered? _____
4. Have you ever received assistance from the Betty Breen Foundation before? Yes No
Are you receiving assistance from any other source? Yes No
Receipt of prior assistance DOES NOT exclude you from consideration of future funding.
5. Attach a typewritten sheet to discuss the two items noted below. These explanations are crucial to determining whether or not you will qualify for assistance. Describe in detail your need for financial assistance, and explain why you cannot pay for this educational offering yourself.
6. Explain why you want to attend this training and your career goals.

In answering Question 5 pay particular attention to Item 1 of the "Standards and Criteria for Applying for Financial Assistance."

I understand that any misrepresentation of fact on this application can exclude me from consideration for assistance. I understand that if I receive any funding based on incorrect information provided on this application, I may be required to return the entire amount awarded. I hereby assert that all the information I have provided is true and correct to the best of my knowledge. I have read the attached information sheet and believe that I am an eligible candidate for a Betty Breen scholarship.

Print Name Here: _____

Signature: _____

Date: _____

Fax this application Form to: 225.766.8552 or Mail it to: LASACT
P.O. Box 80235
Baton Rouge, LA 70898-0235