

**LEAGUE OF WOMEN VOTERS OF GREATER TUCSON**  
**REQUEST FOR 1-YEAR MEMBER SCHOLARSHIP**

**Note: There are a limited number of scholarships available.**

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Reason for request:**

\_\_\_\_\_ Student rate (\$45)

\_\_\_\_\_ Financial need (\$75)

\_\_\_\_\_ Other reason \_\_\_\_\_

Please return to:

League of Women Voters of Greater Tucson  
2424 East Broadway Blvd., Suite 110  
Tucson, AZ 85719

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To be filled out by LWVGT Membership Chair:

Approved \_\_\_\_\_

Not approved \_\_\_\_\_

Reason for not approving \_\_\_\_\_

\_\_\_\_\_