***Annual AMTA-VT Education Event***

**APPLICATION *for 2020***

**To be eligible you must:**

1. **Be in good standing with your local AMTA Chapter**
2. **Be a Professional Member for at least one year.**
3. **Must have not been chosen for the scholarship in the past five years**

Complete the Scholarship Application below for the Annual VT-AMTA Education Event Scholarship and email or snail mail it to the AMTA-VT Chapter at address below. All applications must be postmarked by June 30, 2020.

**Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Street:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State:** \_\_\_\_\_\_\_\_\_\_\_\_ **Zip:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Email:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AMTA Membership #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State Chapter (if other than VT)\_\_\_\_\_\_\_\_\_\_\_**

**1. Please list volunteer services you have done in the last year:**

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**2. Please give a reason you would like to attend the VT-AMTA Annual Education Event next year:**

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**3. How long have you been practicing Massage?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. How long have you been an AMTA member?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AGREEMENT**

If selected for this scholarship, I hereby agree (1) to participate as a volunteer throughout the conference, (2) to attend the class I have signed up for at the *2020* Annual VT-Education Event and (3) write an article for the Vermont Chapter’s “Keeping in Touch” newsletter regarding my experiences at the workshop to be submitted to the AMTA-VT Communications Chair within 30 days of the Ed Event in the year attended. If I am unable to fulfill the above responsibilities (1,2,3), I agree to reimburse the AMTA-VT for the full amount of the scholarship. (The Annual AMTA-VT Education Event scholarship covers the cost of the early bird registration only.)

**Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return application to AMTA-VT Education Chair:**

***AMTA Vermont Chapter 65 Huntington Rd. Suite 103, Richmond, VT 05477 OR education@amta-vermont.org***