



MINNESOTA STATEWIDE ACTIVITY PROFESSIONALS

*"A source for education, support, ideas, and opportunities
to enhance the lives of those we serve."*

Heidi Sibben Scholarship Application

Name _____

Facility Name _____

Facility Address _____

Facility Phone _____

Home Phone _____

SWAP Membership # _____ (You must be a current paid member to be considered)

Date of Application _____

Please indicate the educational event (class, seminar, conference) in which you will be using the funds.

- _____ MN SWAP Spring Seminar
- _____ MN SWAP Fall Conference
- _____ \$100 for other educational event

Name of education event if other than a MN SWAP event:

Date of the educational event:

Location of the educational event:

Briefly explain how this educational opportunity will benefit you in your role as an Activity Professional.

Briefly explain why you are applying for the scholarship funds.

Send application to MN SWAP Vice President. Address on website scholarship page.