



WICSEC

WESTERN INTERGOVERNMENTAL CHILD
SUPPORT ENGAGEMENT COUNCIL

SCHOLARSHIP APPLICATION AUTHORIZATION

This form must be signed and submitted (uploaded in PDF format) during the online Scholarship Application process. Applications submitted without this form will not be reviewed. Thank you.

Please Print

I (Name of Director) _____ hereby give
my support for (Name of Applicant) _____ to apply
for a WICSEC Scholarship and if selected as a recipient, I hereby authorize him/
her to attend the full virtual conference, from Tuesday, September 28 –
Thursday, September 30.

Director's Signature: _____

Date: _____