



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 conference, from Sunday, October 6 – Thursday, October 10, 2019 in Spokane, Washington.

Director's Signature: _____

Date: _____