

JOHN KOPROWSKI & EUGENE MORGENTHALER SCHOLARSHIP APPLICATION

NAME OF PERSON TO RECEIVE TRAINING:

ASSOCIATED WITH THE FOLLOWING FABRICARE BUSINESS:

BUSINESS ADDRESS: _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE NUMBER _____

WHAT COURSES DO YOU PLAN TO TAKE?

TITLE	DATE

HOW MANY YEARS IN THE DRYCLEANING BUSINESS? _____

WHY DO YOU WISH TO ATTEND THE DRYCLEANING COURSE?

AFTER COMPLETION, WILL YOU LET US KNOW WHAT YOU THOUGHT ABOUT THE COURSE?

YES **NO**

(OVER)

FABRICARE REFERENCES

NAME	BUSINESS	RELATIONSHIP	PHONE #

Thank you for taking the time to inquire about our scholarship. We look forward to receiving this completed application and will notify you upon our decision.

Signature

Date

RETURN TO: NIE INSURANCE
6030 BANCROFT AVENUE
ST. LOUIS, MO 63109