

# NORTH FLORIDA AREA ASSEMBLY

## SCHOLARSHIP APPLICATION

### DISTRICT 15

#### APPLICANT INFORMATION

Name:

Home Group:

Trusted Servant Position:                      GSR                      Alternate GSR                      Other

Address:

Phone:

Email:

Have you been to an Area Assembly in the past?    YES    NO

If yes, how long ago?

Have you served in other capacities within AA?    YES    NO

If above yes, explain:

#### SIGNATURES

By signing below I certify and accept the terms of this scholarship.

Signature of applicant:

Date:

#### PURPOSE OF APPLICATION

To determine the need for assistance in having you join your fellow trusted servants at the Area Assembly. District 15 will sponsor a hotel room for the Saturday night of the assembly. You would be responsible for meals and transportation to and from the assembly. You are aware and understand that you will be sharing the hotel room with other trusted servants of the same sex.