AANR-SW SCHOLARSHIP APPLICATION

Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone:_____ E-Mail:_____

AANR #_____ (Parent's AANR Number if Applicant is under 18; or Applicant's Student Membership Number if Applicant is over 18.)

Home Club:_____

Age:_____ Date of Birth:_____

Member of AANR-SW Since:_____

College or Institution You Intend to Attend:_____

Please complete the following. Use additional pages, if necessary.

1. **State your involvement in AANR and AANR-SW.**

2. **State your community involvement, scholastic honors, special recognition, and extracurricular activities.**

3. **Write a 250-word essay listing your goals in life, future plans, chosen profession, and explain how social nudism has impacted and affected your life.**