

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.**