

CLASSICAL CONVERSATIONS
SCHOLARSHIP APPLICATION



Full Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Organization/Group Name: _____

Position in Organization: _____

How many years have you served on the staff of the organization? _____

Age Range: 20–35 36–50 51–70

How many years have you been homeschooling? _____

Are you currently an HSLDA member? Yes No

If yes, please provide your member number: _____

How did you find out about/begin homeschooling? *(50 words or less)*

What is the primary reason you want to attend the National Leaders Conference?

(50 words or less)

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I certify that I have never attended an HSLDA National Leaders Conference.

Applicant Name (*print*): _____

Applicant Signature: _____ Date: _____

Please send this completed application form along with your letter of verification to:

HSLDA National Leaders Conference Scholarship, Attn: Mike Smith

P.O. Box 3000, Purcellville, VA 20134

or

nlcscholarship@hslida.org

Subject Line: [Your Last Name] Scholarship Application