

## Print and mail this Scholarship Application Form

**Mail this application to:**

M.A.L.Es  
Attn: Scholarship Application  
P.O. Box 12464  
Albuquerque, NM 87195-2464

Date of application: \_\_\_\_\_

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Birthday: \_\_\_\_\_ Marital Status: \_\_\_\_\_ # Family members: \_\_\_\_\_

Student (Yes or No): \_\_\_\_\_ Employed (Yes or No): \_\_\_\_\_ Occupation: \_\_\_\_\_

If employed, what was your taxable adjusted gross income for the last calendar year? \$ \_\_\_\_\_

What is your projected taxable adjusted gross income for the current calendar year? \$ \_\_\_\_\_

Have you attended a CAC conference before? \_\_\_\_\_ If yes, what conference? \_\_\_\_\_

Name of conference you want to attend: \_\_\_\_\_ Conference date: \_\_\_\_\_

Describe why you want to attend this conference (you may attach additional sheets):