

**Scholar Applicant Information**

Scholar applicant's name:

Present position:

Department / Division:

Institution:

Street Address:

City:

State:

Zip:

Phone:

Fax:

Email:

**Director of Child Abuse Training**

Name of Training Director:

Institution:

Department / Division:

Street Address:

City:

State:

Zip:

Phone:

Fax:

Email:

Dates of training:

**Sponsor** (if different than training director) Sponsor must be a full member of the Ray Helper Society

Name:

Institution:

Street address:

City:

State:

Zip:

Phone:

Fax:

Email:

**Sponsor's Remarks:**

I, \_\_\_\_\_, sponsor this applicant for Helper Scholar status. I believe that this applicant will embrace the goals of the Society, wishes be a Helper Society Scholar, and is deserving of this recognition.

Signature of sponsor \_\_\_\_\_

Date \_\_\_\_\_