Denton County Genealogical Society
Diana Pearson White Continuing Genealogical Education Scholarship

APPLICATION

Your name: _____

Email: _____ Phone: _____

Name of event you wish to attend: _____

Event URL: _____

Event date(s): _____

Registration/Tuition amount: _____ Amount requested (up to $300): _____

Have you attended a paid genealogical event before: ___ Yes ___ No

Please indicate your acceptance of these scholarship terms:

- *I agree to provide a registration receipt for my event no later than 30 days after registering to the DCGS Scholarship Committee. __Yes __ No*
- *I agree that I will make a brief report on the event in person at the next DCGS meeting or by submitting an item to be published in the next newsletter. __Yes __ No*

Please answer these two questions below. Limit your answer to 250-400 words.

1. *Why did you choose this particular event to attend?*
2. *How will attending the event impact your genealogical research in the future?*

Please email your response to presidentdcgs@gmail.com.