**SOUTH CAROLINA ASSOCIATION OF FAMILY AND CONSUMER SCIENCES**

**Application to be a Beneficiary of the**

**Helen A. Loftis Charitable Trust**

|  |  |
| --- | --- |
| Name |       |
| Address |       |
|  |       |
| Telephone |       |   | Fax |       |
| Email |       |
| Years of membership in AAFCS |       |  | Years of Membership in SCAFCS |       |
| Membership number |       |
| Current employment position |       |
| Positions held in AAFCS/SCAFCS (attach resume) |  |
|       |
| Have you attended AAFCS Annual Meetings? | [ ]  Yes [ ]  No |
| Have you attended SCAFCS Annual Meetings? | [ ]  Yes [ ]  No |
| Other professional memberships  |
|       |
| NTL workshop, dates, and location you prefer to attend: |
|  | First choice  |       |
|  |  |       |
|  | Second choice  |       |
|  |  |       |
| Please provide a brief paragraph stating why you wish to participate in this workshop presented by the National Training Laboratory Institute for Applied Behavioral Sciences (NTL): |
|       |
| How do you believe this opportunity might benefit you personally or professionally? |
|       |
| How would you share this experience with others? |
|       |

**NOTE:** You may attach additional pages.