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

**Application to be a Beneficiary of the**

**Helen A. Loftis Charitable Trust**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 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? | | | | | | | | | | | | | | | |
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| How would you share this experience with others? | | | | | | | | | | | | | | | |
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**NOTE:** You may attach additional pages.