

Idaho Acupuncture Association Scholarship Application Form

Date Today: _____

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email: _____

School Attending: _____

Expected Graduation Date: _____

Please return this application, a letter stating why you would like to receive the scholarship, and an article you have written on the topic of your choice pertaining to acupuncture and oriental medicine for the IAA newsletter, to the address below:

Idaho Acupuncture Association
c/o Rosemary Yocum, Treasurer
177 Perl Smith Rd
Nordman, ID 83848
www.idahoacupuncture.org