



# JOHN T. HUMPHREY CG<sup>SM</sup> MEMORIAL SCHOLARSHIP

## APPLICATION FORM

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Date:                    \_\_\_ / \_\_\_ / \_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone:                ( \_\_\_\_ ) \_\_\_\_\_

Fax:                    ( \_\_\_\_ ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Year joined NGS (if known): \_\_\_\_\_

Other genealogical affiliations: \_\_\_\_\_

I have pursued genealogy since (year): \_\_\_\_\_

I have completed the following genealogical training (subject and year):

\_\_\_\_\_  
\_\_\_\_\_

I subscribe to the following genealogical publications:

\_\_\_\_\_  
\_\_\_\_\_

I have attended the following regional and national conferences (indicate years attended):

\_\_\_\_\_  
\_\_\_\_\_

I am in the process of applying for certification (Yes/No). If Yes, please provide status of application/preparation:

\_\_\_\_\_  
\_\_\_\_\_

