BETTY BREEN MEMORIAL TUITION FOUNDATION
Application for Assistance

Assistance is Available to Currently Registered CIT's Only

☐Mr. ☐ Mrs. ☐Ms. ☐ Other Title _____ (specify)

Name: _____
Last First Middle

Address: _____
Street or P.O. Box Apt #

_____
City State ZIP

Daytime Phone:(____) _____ E-mail: _____

Evening Phone:(____) _____ Fax: _____

1. Attach copy of current CIT card. **Only current CIT's may apply for assistance.**

2. What education program do you plan to attend? _____
   Submit a copy of the education program brochure if it is **NOT** a LASACT educational offering.

3. When is the program offered? _____

4. For those applying for college assistance, please submit name of college, a copy of the syllabus, cost for the course, and confirmation that you are enrolled.

5. Have you received assistance from the Betty Breen Foundation in the past? ☐Yes ☐No
   Are you receiving assistance from any other source? ☐Yes ☐No
   Receipt of prior assistance **DOES NOT** exclude you from consideration of future funding.

6. Please **describe in detail** your need for financial assistance, and explain why you cannot pay for this educational offering yourself. (Attach additional sheet if needed.)

   _____
   _____
   _____

7. Which of the Twelve Core Functions do you anticipate that this workshop/class will address, and how do you plan to use this in your training or practice. (Attach additional sheet if needed.)

   _____
   _____
   _____

I understand that any misrepresentation of fact on this application can exclude me from consideration for assistance. I understand that if I receive any funding based on incorrect information provided on this application, I may be required to return the entire amount awarded. I hereby assert that all the information I have provided is true and correct to the best of my knowledge. I have read the attached information sheet and believe that I am an eligible candidate for a Betty Breen scholarship.

Print Name Here: _____

Applicant's Signature: _____

Date: _____

Fax this application Form to: 225.766.8552 **or** Mail it to: LASACT
P.O. Box 80235
Baton Rouge, LA 70898-0235