



JOHN T. HUMPHREY CGSM MEMORIAL SCHOLARSHIP

APPLICATION FORM

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:
