South Carolina Family and Community Leaders

Year _____

Buff-Swicegood Travel-Study Award APPLICATION FORM

Name _____

Address _____

Phone _____ Email _____

County _____

Briefly state your objective in applying for the Buff-Swicegood Travel-Study Award:

_____
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State how this travel-study award will help improve your County program:

_____
_____
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_____

Attach one page describing in as much detail as possible your plan for study. May be in outline or narrative form not to exceed one page.

☐ I agree to share the information gained from this experience with SCFCL through a presentation at the SCFCL Annual Conference and by preparing an educational lesson for the State Education Committee.

Signature _____ Date _____

Return completed forms by June 1 to**:**

SCFCL President
Helen Spiller
106 Clark Avenue
Greenwood, SC 29649
864.223.2806

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