Tobacco Free North Dakota Scholarship Request Form for the 2026 Youth Action Event for Tobacco Prevention

- **Local Public Health Unit (LPHU):** _____
- **School Name:** _____
- **Name of Advisor and/or LPHU Coordinator Attending with Students:**

  _____
- **Preferred Phone number and email address:** _____
- **How many total students and advisors are you registering?** _____
- **Is your group in need of funding for travel?** *Please select your answer below.*

  ☐ **YES** ☐ **NO**
- **IF YES, what total dollar amount is needed for travel arrangements?** _____
- Please mark and describe the expected expenses you need reimbursed:
- Mileage _____
- Hotel Rooms _____
- Meal Per Diem _____
- Other (Please give details) _____

  _____

  _____

  _____

Tobacco Free North Dakota

YOUTH ACTION SUMMIT BREAK FREE

SCHOLARSHIP REQUESTED FOR STUDENTS AND ADVISORS: INCLUDE TRAVELER FIRST AND LAST NAME	EVENT REGISTRATION COMPLETED? (PLEASE WRITE YES OR NO IF THE STUDENTS AND ADVISORS HAVE BEEN REGISTERED ONLINE AND ALL FORMS HAVE BEEN FILLED OUT)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

NOTE:* *Scholarships are sponsored by Tobacco Free North Dakota. Please send this form and all follow-up documentation to Heather Austin at TFND, heather@tfnd.org, no later than* ***September 28th, 2025**. Receipts and travel documentation will need to be submitted* ***no later than October 30th, 2025*** *for reimbursement. **

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