



**Pennsylvania Alliance to Control Tobacco (PACT)
Freedom From Smoking® Facilitator Training Scholarship**

Personal Information

First Name: _____ Last Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Birthdate: _____

Academic Eligibility

Academic Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Major/Program: _____

List any previous tobacco prevention training: _____

Proposed Training

Location of Freedom From Smoking® Training: _____

Date of Freedom From Smoking® Training: _____

To find a training click [here](#)

I certify that all information on this application are true and to the best of my knowledge. I understand that falsification is cause for voiding this application. I affirm the correctness of the information in this application. I hereby grant permission to the American Lung Association in Pennsylvania to share and disclose personal information with members of the appropriate selection committee.

If selected I understand that the American Lung Association in Pennsylvania will publicize this information. I release the right to use my name and photograph for all publications.

Applicant Signature

Date