Please send me the 2014 SHBP Scholarship Program Booklet which contains eligibility information, procedures for applying and a copy of the application form.

Name.....

Street Address.....

City, State, Zip Code.....

Telephone Number ( ) .....

This application is for: ❏ Self ❏ Dependent

Mail this completed form to:

Scholarship Program

Seafarers Health and Benefits Plan

5201 Auth Way

Camp Springs, MD 20746

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