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## Barry Richmond Scholarship Application

Name \_\_\_\_\_

Title/Position \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State or Province \_\_\_\_\_

Zip or Postal Code \_\_\_\_\_ Country \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

**Please answer the following questions in the space below or on a separate sheet of paper:**

Why do you think Barry Richmond would want you to have this scholarship?

Please describe your financial need for this scholarship:

**Send this form no later than May 6, 2024 to:**

isee systems, inc.  
31 Old Etna Road, Suite 7N  
Lebanon, NH 03766  
Email: [scholarship@iseesystems.com](mailto:scholarship@iseesystems.com)