

Dr. Margaret C. Locke, Jr.

Grant-in-Aid Award

Application Form to be completed and returned by December 1 to:

hsweet@stny.rr.com

Or mailed to Mrs. Phyllis Shore

Shorephyllis1@gmail.com

228 Kennedy Drive

Horseheads, NY 14845

Name _____

Last

First

Middle

Address _____

Street

City

State

Zip Code

E-mail Address _____

Phone: (home) _____ **(cell)** _____

The Dr. Margaret C. Locke, Jr. Grant-in-Aid is designated for a woman enrolled part time as an undergraduate or graduate student in an Elmira College Continuing Education degree program. The applicant must reside within a 35 mile radius of Elmira College.

One Grant-in-Aid for \$500 will be awarded per year, paid directly to Elmira College.

Are you currently enrolled at Elmira College? _____

Degree being pursued _____

Date you anticipate completing your degree _____

Are you: pursuing an initial career goal? _____

Seeking additional certification? _____

Studying for a career change? _____

Explain your plan and how it fulfills the intent of the Dr. Margaret C. Locke, Jr. Grant-in-Aid. (Use the reverse side of this application.)

I agree to provide a summary of my experience with the membership of Alpha Rho at a meeting or in the Alpha Rho newsletter.

Applicant's Signature

Date