



NYS Career Development Opportunities (NYSCDO)
APPLICATION FOR GRANT

Personal Information:

Name:
Company (if any):
Address: City: State: Zip code:
Phone: Email:
No. of Years in the workplace Highest Level of Education:
List your business/occupation (or career goal):
Are you a member of NYS Women Inc.? Chapter

Request for Grant for business, education, training purposes and/or other related costs (see Grant Application Guidelines for acceptable purposes):

I am requesting funds in the amount \$ for the following reasons***:
[Blank lines for response]

Please write a brief background statement about yourself (include any special circumstances affecting you) ***:
[Blank lines for response]

***Use extra sheets to explain above, if needed.

Note: I understand that I may be asked to write a short paragraph on how the grant furthered my career development, or to make a 5-10 minute presentation to any NYS Women, Inc. event in my area, if invited.

Signature

Date

Email or mail application to: Ramona Gallagher, 1217 Delaware Avenue #807, Buffalo, NY 14209; email: mmistymo@aol.com. Any questions, call R. Gallagher at (716) 882-7639.