



**NYS Career Development Opportunities (NYSCDO)
APPLICATION FOR SCHOLARSHIP/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 Scholarship/Tuition:

I have applied for and/or registered and been accepted in the following course, seminar, or program: _____
The cost of the program is \$ _____
I am requesting \$ _____ to help defray some of the cost.
Reason(s) for applying for course/program/seminar and why it is important to your business or career**: _____

Or Request for Grant for related training/other costs:

I am requesting funds in the amount \$ _____ for the following reason(s):
** _____

Please write a brief background statement about yourself (include any special circumstances affecting you) **: _____

**Use extra sheets to explain, if needed

I understand 1) If this is for a scholarship, I am expected to successfully complete the course/program/seminar, and to submit proof of completion in the form of a transcript or certificate; 2) If this is for a grant, I must submit a paid receipt or receipts for the approved training/other costs, and 3) I may be asked to write a short paragraph on how the scholarship/grant furthered my career development, or to make a 7-10 minute presentation to any NYS Women, Inc. event in my area.

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.