

GRANT-IN-AID APPLICATION

Penn State Educational Office Professionals

Name: _____

PSEOP Membership Date: _____

Office Address: _____

Office Telephone: _____

Home Address: _____

Course Taken: _____

Date Attended: _____

School & Location: _____

Credit

Certificate

The following items are attached:

Proof of cost to attend course (copy of course announcement AND cancelled check or written receipt)

Copy of final grade, certificate of completion, or other proof of attendance

Applicant's Signature Date

*** FOR PSEOP USE ONLY ***

Date Application Received _____ Dollar Amount Approved _____

Program Coordinator _____

President _____

Date Paid _____ Amount Paid _____ Check Number _____

Treasurer _____

Please submit to PSEOP President for Executive Committee review and approval.