SCHOLARSHIP APPLICATION

NAME_____
STREET ADDRESS_____
CITY/ STATE_____
DAYTIME PHONE_____
ALTERNATE PHONE_____
COLLEGE NAME_____
COLLEGE ADDRESS_____
CURRENT TITLE/POSITION_____
BRIEFLY (300 words or less) DESCRIBE THE PROJECT YOU ARE PROPOSING

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ANTICIPATED DATE OF BEGINNING_____ ENDING_____
PLANNED USE OF SCHOLARSHIP FUNDS _____
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Please attach the following documents to this application:

- Proof of enrollment in an accredited graduate program
- Evidence of scholarship, i.e. transcript of previous grades
- Letter of reference of current employer verifying educator standing

FAILURE TO SUBMIT DOCUMENTS BY APPLICATION DEADLINE WILL NULLIFY APPLICATION.

_____ _____
Signature of applicant Date

Mail application and documents to:

IOADN Scholarship Committee
% Heartland Community College, 1500 W. Raab Road, Normal, Illinois, 61761.

MLW 10/06