



GRANT APPLICATION

Professional Development

Deadline: 45 days before start of conference

Applicant's Name _____

Address _____

Telephone _____ E-mail _____

Your state affiliate _____

Years of membership in NFPW _____

Served affiliate in these elected offices _____

Title of seminar/workshop you wish to attend _____

Your purpose in attending this workshop _____

Registration cost of seminar/workshop _____

Estimated additional costs _____

Are you currently employed? _____ If yes, in what position? _____

Please use the reverse side for additional comments. Allow 30 to 45 days for processing. If approved, please submit a paid receipt for the seminar/workshop to the NFPW Education Fund director for reimbursement.

**Mail this application and
paid receipt to:**
Marsha Shuler, Director
2100 College Drive, #22
Baton Rouge LA 70808
marshashuler@yahoo.com
225/342-7279

Signed _____