



NYS Career Development Opportunities (CDO)
APPLICATION FOR SCHOLARSHIP

Name: \_\_\_\_\_

Company (if any): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I have applied for and/or registered and been accepted in the following course, seminar, or program: \_\_\_\_\_.

The cost of the program is \$ \_\_\_\_\_ and I am requesting \$ \_\_\_\_\_ to help defray some of the cost.

Reason(s) for applying for course/program/seminar and why it is important to you\*\*: \_\_\_\_\_

Or, I am requesting one-time emergency funds in the amount \$ \_\_\_\_\_ for the purpose of\*\*:

No. of Years in the workplace \_\_\_\_\_

List business/occupation: \_\_\_\_\_

Highest Level of Education: \_\_\_\_\_

Are you a member of New York State Women, Inc.? \_\_\_\_ Chapter? \_\_\_\_\_

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

I understand I am expected to successfully complete the course/program/seminar, and to submit proof in the form of a transcript or certificate and may be asked to make a 7-10 minute presentation to any NYS Women, Inc. event in my area.

Signature

Date

\*\*Use extra sheets to explain

Email or mail application to: Ramona Gallagher, 1217 Delaware Avenue #807, Buffalo, NY 14209; 716-882-7639; email: mmistymo@aol.com. To claim reimbursement, send copy of proof of completion of course/program/seminar to: Susan Mager, 3406 McKinley Parkway, Apt. C-11, Blasdell, NY 14219; email: Lber633655@aol.com