



GRANT APPLICATION  
Professional Development

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.

Signed \_\_\_\_\_

**Mail this application and  
paid receipt to:**  
Cynthia Price  
5201 Avery Green Dr.  
Glen Allen, VA 23059