

Application for Continuing Education Grant – Culver Tri Kappa

All information will be kept confidential

Personal Information:

Name:	Date of Birth:	
Address:	Phone:	
Marital Status:	No. of Dependents:	Ages of Dependents:
Highest Level of Education:	School:	

Employment Information:

Employer:	Phone:	
Position:	How Long?	Annual Income:
Spouse Name:	Employment:	Annual Income:

What courses will you be taking? _____

Total credit hours _____

What school will you be attending? _____

Expected graduation date? _____

What cost do you expect to incur? _____ Date course begins: _____

Are you receiving any other financial assistance toward education? _____

If so, how much? _____

Have you received a Tri Kappa grant previously? _____

If you have received a Tri Kappa grant previously, also provide your most recent transcript or grade sheet.

Additional Comments: _____

Signed: _____ Date: _____

This grant is not intended for recent high school graduates. It is intended for those who have had their education interrupted or delayed and for those who want to upgrade their qualifications. You must reside in the Culver school district. Vocational schools also qualify.

Please submit application on or before September 1st and December 1st.

Mail to:

**Culver Tri Kappa Scholarship Committee
PO Box 143
Culver Indiana 46511**